

SCHEDULE 2: HEALTH QUESTIONNAIRE

## COVID-19 HEALTH SCREENING QUESTIONNAIRE

The Ontario Real Estate Association (“**OREA**”) is committed to providing a safe environment for all attendees at the OREA REALiTY+ Real Estate Conference (“**Event**”). Due to the fast-changing COVID-19 situation, we require all Event attendees to carefully read and complete the attestation below during Registration and before attending the Event.

Each attendee must complete this Health Screening Questionnaire with Event staff during the registration process, upon re-entry to the Event, and/or as requested at any point in time.

Verbal responses provided during the Screening process will not be retained by Event staff, OREA, or any other party involved in the administration of the Event. Responses provided by attendees will be treated as strictly confidential.

### **QUESTION 1**

**Do you have any of these new or worsening symptoms?**

**Note:** If the symptom is from a known health condition that gives you the symptom, please select “No”. If the symptom is new, different or getting worse, select “Yes”. If there is mild tiredness, sore muscles or joints within 48 hours after receiving a COVID-19 or flu vaccine, select “No”.

|  |          |
|--|----------|
| Fever over 37.8 C (100.4 F) and/or chills      | YES / NO |
| Cough  | YES / NO |
| Shortness of Breath                            | YES / NO |
| Decrease or loss of taste / smell              | YES / NO |
| Sore throat                                    | YES / NO |
| Headache                                       | YES / NO |
| Extreme tiredness                              | YES / NO |
| Runny nose, nasal congestion                   | YES / NO |
| Muscle aches or joint pain                     | YES / NO |
| Nausea, vomiting, diarrhea                     | YES / NO |
| Abdominal pain                                 | YES / NO |
| Pink eye                                       | YES / NO |
| Decreased or no appetite (young children only) | YES / NO |

### **QUESTION 2**

**Have you tested positive for COVID-19 in the last 10 days?** YES / NO

**Note:** This includes a positive COVID-19 test on a laboratory-based PCR test, rapid molecular test, rapid antigen test, or home-based self-

testing kit.

### **QUESTION 3**

**Have you been told that you should be quarantining, isolating, or staying at home (e.g. by a doctor, federal border agent, public health)?** YES / NO

**Note:** There are federal requirements for individuals who travelled outside of Canada, even if they are exempt from quarantine.

### **QUESTION 4**

**Have you been told you are a close contact or someone who has symptoms of COVID-19, OR someone who tested positive for COVID-19?** YES / NO

### **IF YOU ANSWERED “YES”**

You are not permitted to enter the Event. Please follow applicable public health guidance regarding self-isolation, implementing reasonable precautions and avoiding high risk settings.

**Note:** This self-assessment tool is consistent with current provincial guidance on the Management of Cases and Contacts of COVID-19 in Ontario.

**Revision:** Nov 10, 2022