Financial Services	Tribunal des services
Tribunal	financiers
25 Sheppard Ave. W.	25 avenue Sheppard oust
Suite 100	bureau 100
Toronto ON M2N 6S6	Toronto ON M2N 6S6
Telephone: (416) 590-7294	Téléphone: (416) 590-7294
Facsimile: (416) 226-7750	Télécopieur: (416) 226-7750
Toll Free: 1-800-668-0128	Sans Frais: 1-800-668-0128
Email: <u>contact@fstontario.ca</u>	Courriel: <u>contact@fstontario.ca</u>



Attendance Day Screening Form



1. Are you currently experiencing <u>one or more</u> of the symptoms below that are new or worsening? These questions are not related to chronic conditions or symptoms related to other known causes or conditions.

Do you have <u>one or</u>	Yes			
more of the following				
symptoms?	No			
Fever and/or chills	Temperature of 37.8°C / 100°F or higher			
	Yes No			
Cough or barking	Not related to asthma, post-infectious reactive airways, COPD, or other know			
cough (croup)	causes or conditions you already have			
	│ Yes │ No			
Shortness of breath	Not related to asthma or other known causes or conditions you already have			
	│ Yes │ No			
Decrease or loss of	Not related to seasonal allergies, neurological disorders, or other known causes			
smell or taste	or conditions you already have			
	│ Yes │ No			
(For adults age 18	If you <u>have not</u> received a COVID-19 vaccination in the last 72 hours and are			
years or over) Fatigue, lethargy,	experiencing unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, to other know causes or conditions you already			
malaise and/or myalgia	have) muscle pains, aches, and pain associated with ligaments, tendons, and the			
	soft tissues that connect bones, organs, and muscles your answer for this item			
	should be "Yes"			
	If you <u>have</u> received a COVID-19 vaccination in the last 72 hours and are			
	experiencing mild fatigue that only began after vaccination, but not the unusual			
	symptoms referred to in the questions above, your answer for this item should be			
	"No".			
	Yes No			

Schedule II						
Financial Services Tribunal		Tribunal des services financiers				
25 Sheppard Ave. W. Suite 100 Toronto ON M2N 6S6	b	25 avenue Shepp oureau 100 Foronto ON M2N				
Telephone: (416) 590-7294 Facsimile: (416) 226-7750 Toll Free: 1-800-668-0128 Email: <u>contact@fstontario.ca</u>	T S	⁻ éléphone: (416) ⁻ élécopieur: (416 Sans Frais: 1-800 Courriel: <u>contact(</u>	6) 226 0-668	6-7750 8-0128		
(For children under age 18 years)		related to irritab wn causes or co				iety, menstrual cramps, or other /e
Nausea, vomiting and/or diarrhea		Yes		No		
2. In the last 14 days, (as per the federal quaranti			outsi	de of Can	ada AND	been advised to quarantine
C]	Yes				No
3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.						
]	Yes				No
4. In the last 10 days, have you been in in close contact with someone who currently has COVID-19?						
If public health has advised you that you do not need to self-isolate (e.g., you are "fully immunized" ¹ or have tested positive for COVID-19 in the last 90 days and since been cleared), select "No."						
]	Yes				No
If you have already gone for a test in response to the Alert and got a negative result, select "No."						
If you are fully immunized or cleared, select "No."	have	e tested positive	for C	OVID-19 ir	the last	90 days and since been
		Yes				No
5. In the last 10 days, testing kit?	have	e you tested po	sitive	e on a rapi	d antige	n test or a home- based self-
If you have since tested negative on a lab-based PCR test, select "No."						
E]	Yes				No

¹ A fully immunized individual is defined as any individual more than14 days after receiving at least their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (e.g., Johnson and Johnson).

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6. In the last 14 days, ha outside of Canada AND been	s someone in your household advised to quarantine (as per					
If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."						
	Yes		No			
7. In the last 10 days, has someone you live with been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate?						
If you are fully immunized or ha cleared, select "No."	ve tested positive for COVID-19) in the last (90 days and since been			
	Yes		No			
	8. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?					
If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."						
If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."						
	Yes		No			
9. Are you fully immuniz	ed?					
If you are fully immunized, select "Yes". If not, select "No". If you are unwilling to respond select "Unwilling to Respond".						
Yes	□ No □	Unwilling	to Respond			
NOTE: Completion of this Questionnaire is required by the Survey you previously filed with the Registrar.						
I HEREBY CONFIRM MY UND CONTAINED IN THE SURVEY FORM ARE TRUE AND CORR	AND FURTHER CONFIRM TH	IAT THE AE	BOVE ANSWERS IN THIS			

Date - _____

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Name of Participant (print)		-
Signature of Participant		-
Participant's Phone Number		_

Ontario