

## SCREENING OF STAFF AND VISITORS FOR COVID-19

### ANSWER

<b>1. Do you have any of the below symptoms:</b>		
• Fever (greater than 38.0 Celcius)	<b>YES</b>	<b>NO</b>
• Cough	<b>YES</b>	<b>NO</b>
• Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
• Sore Throat	<b>YES</b>	<b>NO</b>
• Runny Nose	<b>YES</b>	<b>NO</b>
<b>2. Have you, or anyone in your household travelled outside Canada in the last 14 days?</b>	<b>YES</b>	<b>NO</b>
<b>3. Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?</b>	<b>YES</b>	<b>NO</b>
<b>4. Are you currently being investigated as a suspect case of COVID-19?</b>	<b>YES</b>	<b>NO</b>
<b>5. Have you tested positive for COVID-19 within the last 10 days?</b>	<b>YES</b>	<b>NO</b>

**Staff / Visitor Name (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** Anyone answering **YES** to any of the above will not be permitted on the premises.