

## Covid-19 Screening Checklist

All visitors and employees must fill out this form each day prior to entering the building

Name (first and last): \_\_\_\_\_

1. Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions*

Fever or chills	<input type="checkbox"/> yes	<input type="checkbox"/> no
Difficulty breathing or shortness of breath	<input type="checkbox"/> yes	<input type="checkbox"/> no
Cough	<input type="checkbox"/> yes	<input type="checkbox"/> no
Sore throat, trouble swallowing	<input type="checkbox"/> yes	<input type="checkbox"/> no
Runny nose/stuffy nose or nasal congestion	<input type="checkbox"/> yes	<input type="checkbox"/> no
Decrease or loss of smell or taste	<input type="checkbox"/> yes	<input type="checkbox"/> no
Nausea, vomiting, diarrhea, abdominal pain	<input type="checkbox"/> yes	<input type="checkbox"/> no
Not feeling well, extreme tiredness, sore muscles	<input type="checkbox"/> yes	<input type="checkbox"/> no

2. Have you travelled outside of Canada in the past 14 days?

yes                       no

3. Have you had close contact with a confirmed or probably case of Covid-19?

yes                       no

If you answer NO to all questions from 1 through 3, you may enter the building

If you answer YES to any questions from 1 through 3, you should not enter, and should go home to self-isolate immediately and contact your health care provider or Telehealth Ontario 1-866-797-0000 to find out if you need a COVID-19 test.

I confirm that I have answered this screening truthfully and to the best of my abilities

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date