

COVID-19 Visitors Screening Tool

If possible, please use your own pen/pencil to complete to prevent the spread of infection.

Name(s): _____	Date: _____	Time: _____
_____	Location: <input type="radio"/> Hensall Community Centre	
_____	<input type="radio"/> Varna Community Centre	
_____	<input type="radio"/> Zurich Community Centre	

Do you have any of the following:

- | | | |
|---|---------------------------|--------------------------|
| 1. Fever /chills | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. New cough or a cough that is getting worse | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Difficulty breathing | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Shortness of breath (even when sitting or walking regularly) | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Sore throat (not due to allergies) | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. A runny or congested nose (not due to allergies) | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Unusual level of fatigue | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Unusual headache | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Nausea /vomiting, diarrhea, or loss of appetite | <input type="radio"/> Yes | <input type="radio"/> No |
| 10. Feeling unwell for an unknown reason | <input type="radio"/> Yes | <input type="radio"/> No |

Have you been in close contact with someone who is either sick, sent for testing, or has confirmed COVID-19 in the past 14 days?

Yes No

Have you returned from travel outside Canada in the past 14 days?

Yes No

If you answered YES to any of these questions, you may NOT enter the premises and should go home and self-isolate right away. Call your health care provider or HPPH Health Line at 1-888-221-2133 ext 3267 and a public health nurse will give you detailed instructions to follow to protect you, your family and members of the public.



1-888-221-2133
www.hpph.ca/coronavirus