

COVID-19 Screening Template		
Date of Screening:		
Patron Name:		Phone Number:
<p>As part of our ongoing efforts to keep all persons safe, we are initiating an active screening process. This will help us protect all attendees from the potential risks of COVID-19. All persons entering facilities will be asked to complete the checklist to ensure the well-being of all individuals.</p> <p>Please answer the following questions as part of the screening process:</p>		
1. <i>Do you have any of these symptoms?</i>		
Symptoms	YES	NO
New or existing Cough		
Fever of 100.4F or higher		
Chills		
Runny/Stuffy Nose		
Shortness of Breath/Difficulty Breathing		
Sore Throat		
Barking cough		
Difficulty swallowing		
Loss of sense of taste or smell		
Pink eye		
Unusual or long lasting headache		
Unusual or long lasting muscle aches		
Unusual or extreme tiredness		
Falling down often		
Feeling of sluggishness or loss of appetite		
2. In the last 14 days have you been in close physical contact with someone who tested positive for COVID-19?		
3. In the last 14 days have you been in close physical contact with a person who:		
a. Is currently sick with a new cough, fever, or difficulty breathing?		
b. Returned from outside Canada in the last 2 weeks?		
4. Have you travelled outside of Canada in the last 14 days?		

