



## VISITORS/ABSENT RESIDENT SCREENING QUESTIONNAIRE

1. Do you have any of the following NEW or WORSENING symptoms or signs?

New or worsening cough	YES		NO
Shortness of breath	YES		NO
Sore throat	YES		NO
Runny nose, sneezing, nasal congestion	YES		NO
Hoarse voice	YES		NO
Difficulty swallowing	YES		NO
Unexpected fatigue/malaise	YES		NO
Chills/ headache	YES		NO
New smell or taste disorder	YES		NO
Nausea/vomiting, diarrhea/abdominal pain	YES		NO

2. Do you have a fever YES NO
3. Have you travelled outside of CANADA or been in close contact with someone that has travelled outside CANADA in the past 14 days? YES NO
4. Have you had close contact with anyone with respiratory illness or confirmed or probable case of COVID-19? YES NO
5. If YES did you wear the required and/or recommended PPE (full) according to the type of work, you were performing? YES NO

6. Please confirm you have done the **following** items on our visiting/absence policy:

The Visitors/absentee should read/re-read the following documents:

- The home's visitor policy
- [Public Health Ontario's document entitled Recommended Steps: Putting on Personal Protective Equipment \(PPE\).](#)

Also watch/re-watch the following Public Health Ontario videos:

- [Putting on Full Personal Protective Equipment;](#) [Taking off Full Personal Protective Equipment;](#) [How to Hand Wash.](#)

7. **Have you taken covid-19 vaccine?** YES NO If Yes, date: 1<sup>st</sup> \_\_\_\_\_ date 2<sup>nd</sup> \_\_\_\_\_

8. I answered truthfully to all questions.

Date \_\_\_\_\_ (ddmmyy) Signature \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Print Name:

Arrival time \_\_\_\_\_ Temperature \_\_\_\_\_

Departure time \_\_\_\_\_ Temperature \_\_\_\_\_

Screened by \_\_\_\_\_