



# COVID-19 Visitor Screening Form

*This facility is following the guidelines of the Public Health Agency of Canada to protect ourselves, facility employees and the public, from the COVID-19 pandemic. All visiting personnel entering this facility must answer the following questions 24 to 72 hours before scheduled arrival:*

1) I confirm that I **am not** presenting any of the following COVID-19 related symptoms:  
\_\_\_\_\_ (initial)

- Shortness of breath or difficulty breathing
- New loss of smell and/or taste
- Runny nose
- Sore throat
- New or worsening cough
- Fever or chills
- Muscle or body aches
- Fatigue or weakness
- Headache

2) I confirm that I **have not** been in contact with any individual(s) who has been diagnosed with COVID-19 within the past 14 days, is experiencing symptoms or a probable case.  
\_\_\_\_\_ (initial)

3) I confirm that I, or anyone from my immediate household, **have not** travelled outside of Canada within the last 14 days. \_\_\_\_\_ (initial)

4) I confirm that I, or anyone from my immediate household, **have not** travelled domestically within Canada by commercial airline, bus or train within the past 14 days.  
\_\_\_\_\_ (initial)

**By signing you certify that you have provided true answers to the screening questions above and will abide by any additional safety measures the facility manager requests in order to ensure safety of all personnel.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_