## Pandemic Screening Survey for Visitors Version 2.2



! This survey is being used to screen visitors before entering any City facilities during the COVID-19 Pandemic.
! Sanitize or wash your hands immediately upon entering the building and before starting work.

In compliance with the provincial health and ministerial orders , we are required to retain visitors names and contact phone number for 30 days.

Date of visit:	
First and last name (print clearly):	
Phone number:	
Stafff contact:	

- COVID-19 Symptoms
  - FeverChills
  - Cough or worsening of chronic cough
  - Shortness of breath
  - Sore throat
  - Abdominal pain

- Runny or stuffy nose
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Skin rashes or discolouration of fingers and toes
- Loss of Apetite
- Nausea or vomiting
- Muscle Aches
- Conjuctivitis (pink eye)
- Dizziness, Confusion

Initial here:\_\_\_\_\_ I certify that I am not experiencing any COVID-19-like symptoms

	Yes	No
Have you had contact with a person with COVID-19 in the last 14 days?	0	0
Have you been on a international travel in the last 14 days?	0	0



If you answered YES to any of the above questions, please reschedule your meeting.

Please sign below acknowledging the following:

- You are symptom free and not required to self-isolated
- You have been made aware of the site-specific COVID-19 safety plan
- Agree to and will follow the site-specific protocls

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