

City of
PICKERING

COVID-19 SELF-ASSESSMENT FOR VISITORS (Updated December 2021)

Name: _____ Date and Time: _____
 Day Phone: _____ Evening Phone: _____
 Email: _____ Reason for Visit: _____

If you are currently experiencing severe chest pain, severe difficulty breathing, feeling confused or unsure of where you are, or are losing consciousness, call 911 or go to your nearest emergency department.

No.	Answer all questions below	
1.	<p>Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions. Check all that apply:</p> <p><input type="checkbox"/> Fever – Temperature of 37.8° C/100° F or higher</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Cough that’s new or worsening or barking cough, (whistling noise when breathing)</p> <p><input type="checkbox"/> Shortness of breath – out of breath, unable to breathe deeply</p> <p><input type="checkbox"/> Decrease or loss of taste or smell</p> <p><input type="checkbox"/> Muscle aches that are unusual or long lasting</p> <p><input type="checkbox"/> Extreme tiredness that is unusual – fatigue, lack of energy</p> <p><input type="checkbox"/> None of the above</p>	
2.	<p>Has someone in your household tested positive for COVID-19 in the last 10 days.</p> <p>Answer this question regardless of your vaccination status.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
3.	<p>In the last 14 days, have you been in “close contact” with someone outside of your household who currently has COVID-19?* This includes getting a COVID Alert Exposure notification. Close contact means any of the following:</p> <ul style="list-style-type: none"> • was within 2 meters (6 feet) of you for more than 15 minutes, regardless if masks were worn by either party; • had close physical contact with you, such as shaking hands, or hugging; • may have been in contact with a person’s saliva or other body fluids (e.g. nose or throat secretions); or • has been identified by the health department as a close contact. <p>* Answer NO if you are fully vaccinated. It is still recommended you get tested and self-monitor if you have been in close contact with a confirmed case of COVID-19 and are fully vaccinated.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
4.	<p>In the last 14 days, have you been in close contact with someone who either:</p> <ul style="list-style-type: none"> • is currently sick with any of the symptoms listed in question #1 that are not related to getting the vaccine? • is awaiting COVID-19 test results • returned from outside of Canada in the last 2 weeks? <p>Answer NO if you are fully vaccinated and it has been more than 14 days since your final dose of a vaccine series.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
5.	<p>Have you travelled outside of Canada in the last 14 days and been advised by Border Officials to quarantine?</p> <p>Answer this question regardless of your vaccination status.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

6.	Has a doctor, health care provider, or Public Health unit told you that you should currently be isolating at home? Answer this question regardless of your vaccination status.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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I declare the answers provided are true and accurate. Signature: _____

If you answered YES to any questions from 1 through 6 you may not enter this facility.

Please go home to self-isolate immediately and contact your health care provider or Telehealth Ontario (1-866-797-0000) to find out if you need a COVID-19 test. Personal information provided is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act, 1990* (MFIPPA), and will be used for COVID-19 screening. Questions about this collection can be directed to Human Resources at 905.420.4627.