

City of
PICKERING

COVID-19 ASSESSMENT FOR PATRONS/VISITORS

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.	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: <ul style="list-style-type: none"> <input type="checkbox"/> Fever – Temperature of 37.8° C/100° F or higher <input type="checkbox"/> Chills <input type="checkbox"/> Cough that’s new or worsening or barking cough, (whistling noise when breathing) <input type="checkbox"/> Shortness of breath – out of breath, unable to breathe deeply <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty swallowing – painful <input type="checkbox"/> Runny/stuffy or congested nose <input type="checkbox"/> Decrease or loss of taste or smell <input type="checkbox"/> Pink eye <input type="checkbox"/> Headache that’s unusual or long lasting <input type="checkbox"/> Digestive issues – nausea, vomiting, diarrhea, stomach pain <input type="checkbox"/> Muscle aches that are unusual or long lasting <input type="checkbox"/> Extreme tiredness that is unusual – fatigue, lack of energy <input type="checkbox"/> Falling down often <input type="checkbox"/> None of the above 		
2.	In the last 14 days, have you been identified by Public Health as a “close contact” of someone who currently has COVID-19? This includes getting a COVID Alert Exposure notification. Close contact means any of the following: <ul style="list-style-type: none"> • being less than 2 metres away in the same room, workspace, or area • living in the same home • being in the same classroom 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	In the last 14 days, have you been in close contact with someone who either: <ul style="list-style-type: none"> • Is currently sick with any of the symptoms listed in question #1? • returned from outside of Canada in the last 2 weeks? 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you travelled outside of Canada in the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I declare the answers provided are true and accurate. Signature: _____

If you answered YES to any questions from 1 through 4, 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.