



COVID-19 VISITOR SCREENING

Visitors must complete a written screening **within 24 hours** of arrival at the Service Centre.

SCREENING – TO DETERMINE IF DESIGNATED ESSENTIAL VISITORS MAY ENTER ON DATE OF APPOINTMENT

1.	Do you have any of the following symptoms (excluding chronic on-going symptoms):	CIRCLE ONE	
		YES	NO
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath/Difficulty Breathing	YES	NO
	• Sore throat/Painful swallowing	YES	NO
	• Runny Nose/Stuffiness	YES	NO
	• Chills	YES	NO
	• Headache	YES	NO
	• Muscle/Joint Aches	YES	NO
	• Feeling unwell/Fatigued/Severe Exhaustion	YES	NO
	• Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	YES	NO
	• Loss of Sense of Smell or Taste	YES	NO
	• Conjunctivitis (pink eye)	YES	NO
2.	Are you immunocompromised (having an impaired or weakened immune system?)	YES	NO
3.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) without the use of appropriate PPE with someone who is ill with cough and/or fever in the last 14 days?	YES	NO
5.	Have you had close contact (face-to-face contact within 2 meters/6 feet) in the last 14 days without the use of appropriate PPE with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO
6.	Are you in self-isolation for COVID-19 (due to illness)?	YES	NO
7.	Are you being tested for, or have you tested positive for, COVID-19?	YES	NO

If you answered “**Yes**” to any of the above questions, you may **NOT** visit. Please contact the County Office to reschedule your appointment.

If you answered “**No**” to all the above questions,

1. Please arrive at the County Office within 5 minutes of your appointment and ring the doorbell to the right of the Main Door.
2. One of our receptionists will greet you.
3. Complete the sign-in process, including hand hygiene - wash hands or use hand sanitizer.
4. You will be directed to the meeting room.

Our goal is to minimize the risk of infection to our staff and visitors. Thank you for your understanding and cooperation.

Name: _____

Date: _____

Signature: _____