

## City of Stratford Facility Entrance Required Screening – Rotary Complex

<b>Name (Adult):</b>	<b>Date:</b>
<b>Name (Adult):</b>	<b>Phone #:</b>
<b>Name (Child Participant):</b>	<b>Time Entered:</b>
<b>Name (Child Participant):</b>	

**1. Do you have any of the following new or worsening symptoms or signs?**

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>Fever and/or chills</li> <li>Cough or barking cough</li> <li>Shortness of breath</li> <li>Decrease or loss of smell or taste</li> </ul> | <ul style="list-style-type: none"> <li>Sore throat or difficulty swallowing</li> <li>Pink eye</li> <li>Runny or stuffy/congested nose</li> <li>Headache</li> </ul> | <ul style="list-style-type: none"> <li>Nausea/vomiting, diarrhea</li> <li>Stomach pain</li> <li>Extreme tiredness</li> <li>Muscle aches</li> <li>Falling down often</li> </ul> |
|--|--|--|

Adult ☐ yes ☐ no

Adult ☐ yes ☐ no

Child Participant ☐ yes ☐ no

Child Participant ☐ yes ☐ no

**2. Have you travelled outside of Canada in the last 14 days? If you are an essential worker who crosses the Canada-US border regularly for work, select "No".**

Adult ☐ yes ☐ no

Adult ☐ yes ☐ no

Child Participant ☐ yes ☐ no

Child Participant ☐ yes ☐ no

**3. In the last 14 days, has a public health unit identified you as a close contact of someone who currently has Covid-19?**

Adult ☐ yes ☐ no

Adult ☐ yes ☐ no

Child Participant ☐ yes ☐ no

Child Participant ☐ yes ☐ no

**4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?**

Adult ☐ yes ☐ no

Adult ☐ yes ☐ no

Child Participant ☐ yes ☐ no

Child Participant ☐ yes ☐ no

**5. In the last 14 days, have you received a Covid Alert exposure notification on your cell? If you already went for a test and got a negative result, select "No".**

Adult ☐ yes ☐ no

Adult ☐ yes ☐ no

Child Participant ☐ yes ☐ no

Child Participant ☐ yes ☐ no

If you answer YES to any one of the questions above, PLEASE DO NOT enter this location AND contact your health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if you need a COVID-19 test.