



## Screening Checklist for Visitors and Employees

Following questions will be asked to all individuals entering our office

\_\_\_\_\_  
**Name of the Individual**

\_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Email address**

**1. Have you travelled outside of Ontario or on public transit (including taxis, uber etc.) in the past 14 days?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**2. Do you have any of the following symptoms ?**

Fever or Chills \_\_\_\_\_

Cough \_\_\_\_\_

Shortness of Breath \_\_\_\_\_

Persistent Pain in the Chest \_\_\_\_\_

Headache \_\_\_\_\_

Loss of Smell or Taste \_\_\_\_\_

**3. Have you been in contact with people that were infected, suspected or diagnosed with COVID-19?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**4. Have you been to a social gathering of more than 10 people within the last 14 days?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**If you have answered YES to any of these questions, we will not be able to accommodate the meeting**