

COVID-19 Screening Survey











Instructions:

Every person is required to complete a Screening Survey and receive a temperature check before being granted access to the centre. We are requesting surveys be completed daily in advance and submitted to the designated screener. Results of screening, attendance and temperature check will be logged daily.

Name: _____

Date: _____ Time: _____ Contact#: _____

Do you have any of the following:

Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Fever		Cough		Difficulty breathing		Sore throat, trouble swallowing
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Runny nose or red eyes		Loss of taste or smell		Not feeling well, tired or sore muscles		Nausea, vomiting, diarrhea

Yes ☐ Have you or a family member been in close contact with someone who is sick, or has a
No ☐ presumed or confirmed case of COVID-19 in the past 14 days?

Yes ☐ Have you or a family member been in a setting in the last 14 days that has been
No ☐ identified as a risk for acquiring COVID-19, such as on a flight, at a workplace or an event?

If you answered YES to any of the questions:

- Notify Thistleoaks Child Care Centre (info@thistleoaks.ca or 905-842-7303)
- Go/stay home and self-isolate, immediately
- Contact Public Health (311) to find out if you need a test for COVID-19