VISITOR	SITOR / VENDOR SCREENING REVISED MA		
DATE	VISITOR / VENDOR NAME:		
1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher) or chills	YES	NO
	Any new or worsening symptoms:		
	o Cough	YES	NO
	o Shortness of Breath/Difficulty breathing	YES	NO
	o Sore throat/Painful Swallowing	YES	NO
	o Stuffy/Runny nose	YES	NO
	o Headache	YES	NO
	o Muscle/Joint Ache	YES	NO
	o Feeling Unwell /Fatigue/Severe Exhaustion	YES	NO
	o Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	YES	NO
	o Loss of Sense of Smell or Taste	YES	NO
	o Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE?	YES	NO
Visitor Note:	visitor/vendor answers YES to any of the screening questions, they will not be permitted to enter the facility. /vendor must be directed to self-isolate and complete the <u>AHS online assessment tool</u> to arrange for testing If you have a fever , cough , shortness of breath , runny nose or sore throat , you are <u>legally required to e for at least 10 days</u> from the start of your symptoms or until they resolve, whichever is longer.	0	