

Greenwood Park Animal Hospital

COVID-19 Screening Questionnaire

To be completed by any individual (Client, Employee, Volunteer, etc.) entering the practice. Screening should occur before or when a Employee enters the practice at the beginning of their day, and before a Client or other Visitor is admitted inside the practice.

Staff/Visitor Name: _____

Visitor Contact Number: _____

1. Are you exhibiting any of the following symptoms?

	YES	NO
Fever or chills	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat, trouble swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose/stuffy nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
Decrease or loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting, diarrhea, abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Not feeling well, extreme tiredness, sore muscles	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you travelled outside of Canada in the past 14 days?

Yes No

3. Have you had close contact with a confirmed or probable case of COVID-19?

Yes No

Signature

Date

Results of Screening Questions:

- **If the individual answers NO to all questions**, they have passed and can enter the workplace.
- **If the individual answers YES to any question**, they have not passed and should be advised that they should not enter the workplace (including any outdoor, or partially outdoor workplaces). They should go home to self-isolate and contact their health care provider or Telehealth Ontario (1-866-797-0000) to find out if they need a COVID-19 test.

Retain forms for 30 days from the date of completion, then shred to ensure the privacy of the signee.