

# COVID-19 Self-Assessment Screening Form

## MUSIC TO REMEMBER - PORT CREDIT LEGION

REVISED  
November 6, 2021

*This form must be completed by each person entering the Legion.*

First and Last Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Required Screening Questions

- 1** Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Chills or Fever (Temperature measures 37.8°C/100.4°F or higher.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat, trouble swallowing                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose / stuffy nose or nasal congestion                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Decrease or loss of smell or taste                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea, vomiting, diarrhea, abdominal pain                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not feeling well, extreme tiredness, sore muscles                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- 2** Have you travelled outside of Canada in the past 14 days and been advised to quarantine?  Yes  No
- 3** Have you had close contact\* with a confirmed or suspected case of COVID-19 in the past 10 days?  Yes  No  
\*Close Contact: means being coughed or sneezed on or being within 2 meters of an individual with COVID-19 symptoms for 15 minutes or more.
- 4** Has a doctor, health care provider, or public health unit told you to isolate/stay at home?  Yes  No
- 5** In the last 10 days, have you tested positive on a rapid antigen test or self-testing kit?  Yes  No

### Results of Screening Questions

- If you answer **NO** to **ALL** questions 1 to 5 and do not have a fever you can enter.
- If you answer **YES** to any questions 1 to 5 or have a fever you **CANNOT ENTER**. You should go home to self-isolate immediately. Contact your health care provider or Telehealth Ontario (1-866-797-0000) to find out if you need a COVID-19 Test.