

COVID-19 Drop-in Visitor Screening Form

We require all visitors to complete this screening form prior to entering our facilities. Your honest answers will help us keep everyone safe.

Collection of Personal Information

Personal information on this form is collected in accordance with the [Municipal Freedom of Information and Protection of Privacy Act](#). It is to be used for the purpose of administering health and safety precautions within municipal facilities. Any questions regarding the collection, use and retention of personal information on this form can be directed to the Town of St. Marys Clerk (clerksoffice@town.stmarys.on.ca).

Full name *

Phone number *

Date *

Time *

Which municipal facility are you visiting? *

Are you currently experiencing any **ONE OR MORE** of the following symptoms that are new or worsening? Symptoms should not be chronic or related to other know causes or conditions.

Fever and/or chills; cough or barking cough; shortness of breath (even when sitting or walking regularly); sore throat; difficulty swallowing; decrease or loss of smell or taste; runny/stuffy/congested nose (not due to allergies); unusual level of fatigue

Yes

No

Head ache; pink eye; digestive issues like nausea/vomiting/diarrhea/stomach pain; extreme tiredness; muscle ache *

Yes

No

Please answer this question only if you are 18 years of age or older: Are you experiencing falling down often? (this should not be chronic or related to other know causes or conditions.

Yes

No

N/A

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? *

Yes

No

More questions on back.

In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?

Yes

No

In the last 14 days, have you received a COVID Alert exposure notification to your cell phone? (If you already went for a test and got a negative result, select "No." *

Yes

No

In the last 14 days, have you or anyone you live with travelled outside of Canada? (If you or anyone you live with are exempted from federal quarantine as per Group Exemptions, Quarantine Requirements under the Quarantine Act, select "No".)

Yes

No

Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

Yes

No

If you have indicated **YES** to a COVID-19 Screening question, in the interest of everyone's health and safety, you are not permitted to enter the facility. You should go home and self-isolate right away. Call your health care provider or Huron Perth Public Health's Health Line at 1-888-221-2133, ext. 3267 and a public health nurse will give you detailed instructions to follow to protect yourself, your family and members of the public.

Everyone in your household should stay home if anyone has COVID-19 symptoms or is waiting for test results after experiencing symptoms. Stay home until the person with symptoms gets a negative COVID-19 test result, is cleared by public health, or is diagnosed with another illness.