

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # or email: \_\_\_\_\_

## Required Screening Questions - to be submitted weekly

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.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Fever or chills                                   | <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 traveled outside of the Province of Ontario in the past 14 days?
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 Yes  No

3. Have you had close contact with a confirmed or probable case of COVID-19?  
 Yes  No

## Results of Screening Questions:

- If the individual answers **NO to all questions from 1 through 3**, they have passed and can enter the workplace

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| If the individual answers <b>YES to any questions from 1 through 3</b> , they have not <b>passed</b> and should immediately speak with their supervisor or department contact. The individual should not enter the workplace (including outdoor, or partially outdoor workplaces). They should self-isolate immediately and contact Telehealth Ontario at 1-866-797-0000 to find out if they need a COVID-19 test. |
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As a benefit of being a Township Employee, staff have access to an Employee Assistance Program (EAP). If you are feeling overwhelmed, anxious, or just need to talk, the number to call is 1.877.234.5327; Username is TOM04356; Password is 04356.