

# COVID-19 Screening Tool

**Please complete prior to entering any Town of Pelham facility to prevent the spread of infection.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Do you have any of the following:**

- |   |     |    |
|---|-----|----|
| 1. Fever / chills   | Yes | No |
| 2. New cough or a cough that is getting worse                   | Yes | No |
| 3. Difficulty breathing   | Yes | No |
| 4. Shortness of breath (even when sitting or walking regularly) | Yes | No |
| 5. Sore throat (not due to allergies)                           | Yes | No |
| 6. A runny or congested nose (not due to allergies)             | Yes | No |
| 7. Unusual level of fatigue                                     | Yes | No |
| 8. Unusual headache   | Yes | No |
| 9. Nausea / vomiting, diarrhea, or loss of appetite             | Yes | No |
| 10. Feeling unwell for an unknown reason                        | Yes | No |
| 11. Temperature check - over 37.7 Celsius                       | Yes | No |

**Have you been in close contact with someone who is either sick, sent for testing, or has confirmed COVID-19 in the past 14 days?**

Yes      No

**Have you returned from travel outside Canada in the past 14 days?**

Yes      No

If you answered **YES** to any of the these questions, notify your workplace, go home and self-isolate right away. Call your health care provider or the COVID-19 Info-Line at **905-688-8248** and a public health professional will give you detailed instructions to follow to protect you, your family and members of the public.

## **Novel Coronavirus (COVID-19) Info-Line**

Talk to a public health professional Monday to Friday from 9:15 a.m. to 8:30 p.m., and Saturday and Sunday from 9:15 a.m. to 4:15 p.m.

**905-688-8248 press 7, then press 2    Toll-free: 1-888-505-6074**

**Niagara  Region**

**[niagararegion.ca/health](http://niagararegion.ca/health)**