

COVID-19 Site-Declaration



The safety of our employees, customers, families and visitors remain The Town of Parry Sound's priority. As the COVID-19 pandemic continues to evolve and spread, we are conducting a simple screening questionnaire. Your participation is important to help prevent the spread and reduce the potential risk of exposure to our workforce and visitors.

All sections to be completed.

Primary Contact: _____

Contact Information: _____

Date of Request: _____

Date of Site Visit: _____

Site Address: _____

of People on Site: _____

Questionnaire:

- | | |
|---|---|
| <p>1. Do you or any other person at the location, have any of the following symptoms:</p> <ul style="list-style-type: none"> a) Fever and or chills b) Cough or barking cough (croup) or Shortness of breath c) Sore Throat or Difficulty Swallowing d) Decrease or Loss of Smell or Taste e) Pink Eye or Headache f) Runny or stuffy/congested nose g) Digestive issues (nausea/vomiting, diarrhea, stomach pain) h) Muscle Aches or Extreme Tiredness i) Falling down often (for older adults) | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>2. Has a doctor, health care provider, or public health unit told you or anyone else at this site that they should currently be isolating (staying at home)?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>3. In the last 14 days, has anyone on this site been identified as a "close contact" of someone who currently has COVID-19?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>4. In the last 14 days, has anyone at this site received a COVID Alert exposure notification on your cell phone?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>5. In the last 14 days, has anyone at this site with travelled outside of Canada?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>6. Does anyone at the site live with someone who currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |

If YES to ANY Question – person screened POSITIVE

If NO to ALL Questions – person screened NEGATIVE

Signature of staff person taking request

Positive Screening Result Scenarios:

If a person answers "yes" to any question, our employees will not attend the site.

The positive person should immediately contact their health care provider, Telehealth Ontario (1-866-797-000 or the North Bay Parry Sound Public Health Unit Assessment Centre at 705-746-4540 ext. 5030.

Internal Use

Staff Member Name _____ Work Location _____