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Active Screening for Visitors

1. Do you have any of the following new or worsening symptoms or signs?

- New or worsening cough
- Shortness of breath / Difficulty Breathing
- Sore throat
- Runny nose or nasal congestion (without other known cause)
- Difficulty swallowing
- New smell or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Unexplained fatigue/malaise/muscle aches
- Chills
- Headache
- Pink eye/conjunctivitis

2. Have you travelled outside of Canada or had close contact with anyone that has travelled in the past 14 days?

3. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?
(If yes, please go to question 4)

4. Did you wear the required and/or recommended PPE (e.g., goggles, gloves, mask, and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

5. I have a negative covid PCR test result within the past 7 days and have provided proof to the Home or I have provided the date of my last rapid antigen test.

6. I have read and understand the information provided in the 'Visitor Information Package'.

Temperature: