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Active Screening for Visitors

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions. For individuals who are 18 years of age and older:

- Fever and/or Chills
- Cough or Barking Cough (croup)
- Shortness of Breath
- Sore throat
- Difficulty swallowing
- Decrease or Loss of smell or taste
- Pink eye
- Runny nose or nasal congestion (without other known cause)
- Headache
- Nausea/vomiting, diarrhea, abdominal pain
- Unexplained muscle aches/joint pain
- Fatigue
- Falling down often

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

3. In the last 10 days, have you tested positive on a rapid antigen test or a homebased self-testing kit?

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

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

6. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

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

Full document

https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_screening_guidance.pdf