

## Visitor Self-Screening Form

**Print Visitor Name:**

**Date & Time of Visit:**

**Print Resident Name:**

**1. Do you have a fever (temperature of 37.8C or greater)?**  Yes  No

**2. Are you experiencing ANY of the following symptoms?**

New or worsening cough  Yes  No

Shortness of breath  Yes  No

Sore throat  Yes  No

Runny nose or sneezing  Yes  No

Nasal congestion  Yes  No

Hoarse voice  Yes  No

Difficulty swallowing  Yes  No

New smell or taste disorder(s)  Yes  No

Nausea/vomiting, diarrhea, abdominal pain  Yes  No

Unexplained fatigue/malaise  Yes  No

Chills  Yes  No

Headache  Yes  No

Pink Eye  Yes  No

**3. Have you travelled or had close contact with anyone that has travelled in the past 14 days?**  Yes  No

**4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?**  Yes  No

**5. Have you visited another Long Term Care Home?**

**If you answered "YES" to any of the above questions, please contact:**

Shepherd Lodge at:	416-609-5700 ext. 208
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**AND contact your care provider, or Telehealth Ontario (1-866-797-0000)**