

Self-Screening Form

Print Visitor Name: _____ Date 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? Yes No

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

Shepherd Lodge at:	416-278-1550
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AND contact your health care provider, or Telehealth Ontario (1-866-797-0000)