

York Regional Police

**COVID-19 PRE-SCREENING CHECKLIST**

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| Please complete and sign this pre-screening form prior to attending for your testing today.  Note that if you have a temperature above 38 degrees Celsius, or if you answer “Yes” to any of the following questions, you will be required to leave the building and return home to self-isolate and contact your local public health unit or Telehealth Ontario at 1-866-797-0000 for further direction. | | | |
| **Candidate Information & Acknowledgement *(please print)*:** | | | |
| **Surname:** | **Given Name(s):** | | **3rd,6th, 9th digits of SIN #:** |
| **Address – City Only:** | | | |
| 1. **Do you have any of the following symptoms: fever/are feverish, a new cough, or new difficulty breathing?**   Yes  No   1. **Have you returned from travel outside of Canada in the last 14 days?**   Yes  No   1. **Have you had close contact with a confirmed or probable COVID-19 case without proper PPE?**   Yes  No   1. **Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days without proper PPE?**   Yes  No | | 1. **Are you experiencing any of the following symptoms?**   Muscle aches  Fatigue  Lethargy  Headache  Sore throat  Runny nose  Delirium  Inexplicable falls  Acute functional decline  Nausea/vomiting  Diarrhea  Abdominal pain  Chills  Croup  Exacerbation of any chronic condition(s)  Tachycardia (unexplained increased heartbeat)  Decrease in blood pressure  Unexplained hypoxia | |

I hereby confirm that the above is a true and honest indication of my current health situation.

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*(Signature of Candidate) (Date)*