

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 [ ]  No1. **Have you returned from travel outside of Canada in the last 14 days?**

[ ]  Yes [ ]  No1. **Have you had close contact with a confirmed or probable COVID-19 case without proper PPE?**

[ ]  Yes [ ]  No1. **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)*