

The Park House Museum

COVID-19 Screening Questions

Please indicate your response by checking the appropriate box.

	No	Yes	
1.			Do you have any of the following new or worsening symptoms?
			• Cough
			• Shortness of breath
			• Sore throat
			• Runny nose, sneezing or nasal congestion not related to underlying conditions such as seasonal allergies or post nasal drip
			• Hoarse voice
			• Difficulty swallowing
			• New smell or taste disorder
			• Nausea/vomiting, diarrhea, abdominal pain
			• Unexplained fatigue/malaise
			• Chills
			• Headache
			• Fever
			• Other cold or flu-like symptoms
2.			Have you had non-essential travel outside of Canada or had close contact* with anyone who has had non-essential travel outside of Canada in the past 14 days?
3.			Have you attended any social gathering of more than 10 people, or come in close contact* with others, outside of your social circle?
4.			Have you had close contact* with anyone with a respiratory illness or a confirmed or probable case of COVID-19?
5.			If you answered "Yes" to question 4., did you wear the Personal Protective Equipment (PPE) required and/or recommended for the duties you were performing when you had close contact with a suspected or confirmed case of COVID-19, e.g. goggles, gloves, mask and gown or N95 mask with Aerosol Generating Medical Procedures (AGMPs)?

Please sign in the presence of a Park House staff person or volunteer in attendance at the Museum.

Name (please print)

Signature

Telephone

Date

Time

*Close contact is defined as less than 2 metres or 6 feet while not wearing a cloth or surgical mask.