



515 Langs Drive
Cambridge, ON N3H 5E4
T: 519.653.5719
F: 519.650.1242
www.fairviewmh.com

726 New Hampshire Street
Waterloo, ON N2K 4M1
T: 519.885.4810
F: 519.885.6720
www.parkwoodmh.com



Active Screening for Visitors

1. Do you have any of the following new or worsening symptoms or signs?

- New or worsening cough
- Shortness of breath / Difficulty Breathing
- Sore throat
- Runny nose or nasal congestion (without other known cause)
- Difficulty swallowing
- New smell or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Unexplained fatigue/malaise/muscle aches
- Chills
- Headache
- Pink eye/conjunctivitis

2. Have you travelled outside of Ontario or had close contact with anyone that has travelled in the past 14 days?

3. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?
(If yes, please go to question 4)

4. Did you wear the required and/or recommended PPE (e.g., goggles, gloves, mask, and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

5. I have a negative covid test result within the past 14 days and have provided proof to the Home.

6. I have read and understand the information provided in the 'Visitor Information Package'.

Temperature: