

Screening Declaration

Please use the alcohol base hand sanitizer available at each entrance to the building. Please use when you enter and exit the building.

Check yes or no for each question.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Do you have a fever? |  |  |
| 2 | Do you have a cough? |  |  |
| 3 | Do you have a runny nose? |  |  |
| 4 | Do you have a sore throat? |  |  |
| 5 | Do you have shortness of breath or difficulty breathing? |  |  |
| 6 | Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19? |  |  |
| 7 | Have you, or anyone in your household been in contact in the last 14 days with someone who is self-isolating? |  |  |
| 8 | Have you, or anyone in your household travelled outside of Canada in the last 14 days? |  |  |
| 9 | Are you currently being investigated as a suspect case of COVID-19? |  |  |
| 10 | Have you tested positive for COVID-19 within the last 10 days? |  |  |

If you have answered “Yes” to any of these questions, we ask you to leave for the safety of all people present. Thank you for your cooperation and your assistance in making sure ECALA can remain open and continue to support our grant recipients.

If you have answered “No” to all the questions, please sign and date below.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_