

TOWN OF COBOURG

COVID-19 SCREENING FORM

In order to protect all Staff and Visitors from the COVID-19 virus and maintain continuity of Town services, please complete the following prior to entering the Municipal Facility. Information will be retained for tracking purposes.

*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended, Inquiries about the collection of personal information should be directed to the Municipal Clerk.

NAME:	
PHONE:	
ADDRESS:	

SCREENING QUESTION	NO	YES
Have you received public health or medical advice to self-monitor or self-isolate?		
Are you presenting with fever, or new onset of cough or difficulty breathing?		
Have you travelled outside of Canada in the past 14 days?		
Did you have close contact with a confirmed or probable case of COVID-19?		
Did you have close contact with anyone with acute respiratory illness who has travelled outside of Canada in the past 14 days?		

I certify that the information given on this form is, to the best of my knowledge, true, correct and complete in every way.

Signature

Date

If you have answered "Yes" to any of the above questions, please do not enter this Municipal Facility.

AS PER FEDERAL, PROVINCIAL AND MUNICIPAL GUIDELINES AND REGULATIONS, PEOPLE NOT FROM THE SAME HOUSEHOLD OR NOT IN THE SAME SOCIAL CIRCLE ARE REQUIRED TO PHYSICALLY DISTANCE SIX FEET FROM EACH OTHER.

FACIAL COVERINGS ARE REQUIRED AS PER HKPRD HEALTH UNIT.