



COVID-19 Screening Checklist: Patron/Participant

The County of Brant is committed to providing a safe and healthy work environment for its employees, visitors and business associates. This checklist can be utilized for any participant entering any municipal facility as part of our response to slowing the spread of COVID-19. We appreciate your support in completing the screening of your participants.

This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

The answer to all questions must be “No” in order to participate in any and all activity held at a County of Brant facility.

1. Are you currently experiencing any of these symptoms?

Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)

Yes No

Chills

Yes No

Cough that’s new or worsening (continuous, more than usual)

Yes No

Barking cough, making a whistling noise when breathing (croup)

Yes No

Shortness of breath (out of breath, unable to breathe deeply)

Yes No

Sore throat (not related to seasonal allergies or other known causes or conditions)

Yes No

Difficulty swallowing

Yes No

Runny nose, sneezing or nasal congestion (not related to seasonal allergies or other known causes or conditions)

Yes No

Lost sense of taste or smell

Yes No

Pink eye (conjunctivitis)

Yes No

Headache that's unusual or long lasting

Yes No

Digestive issues (nausea/vomiting, diarrhea, stomach pain) (not related to other known causes or conditions)

Yes No

Muscle aches that are unusual or long lasting

Yes No

Extreme tiredness that is unusual (fatigue, lack of energy)

Yes No

Falling down often

Yes No

For young children and infants: sluggishness or lack of appetite

Yes No

For the remaining questions, close physical contact means:

Being less than 2 metres away in the same room, workspace, or area for over 15 minutes

Living in the same home

2. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Yes No

3. In the last 14 days, have you been in close physical contact with a person who either: Is currently sick with a new cough, fever, or difficulty breathing; OR returned from outside of Canada in the last 2 weeks with new COVID-19 symptoms (like a cough, fever or difficulty breathing)?

Yes No

4. Have you travelled outside of Canada in the last 14 days? This does not include essential workers who cross the Canada-US border regularly.

Yes No

If an individual has answered "Yes" to any of these questions, they are not permitted to participate in any activities at a County of Brant facility.

Please note: This Health Screening questionnaire has been developed based on the Ontario Ministry of Health Self-Assessment Tool located at <https://covid-19.ontario.ca/self-assessment/>