



## COVID-19 Contractor/Visitor Screening Questionnaire

Who are you? – Please check the appropriate box below:

Contractor            Visitor

Please complete this questionnaire **before entering** any Town site.  
**Contractors** this is required **daily**.

### **1. Are you currently experiencing any of the symptoms below?**

Choose any/all that are new, worsening, and not related to other known causes or conditions you already have:

#### **Fever and/or chills**

Temperature of 37.8° C/100° F or higher

#### **Cough or barking cough (croup)**

Continuous, more than usual, makes a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)

#### **Shortness of breath**

Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)

#### **Sore throat**

Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have

#### **Difficulty swallowing**

Painful swallowing (not related to other known causes or conditions you already have)

#### **Runny or stuffy/congested nose**

Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have

#### **Decrease or loss of taste or smell**

Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have

#### **Pink eye**

Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)

#### **Headache**

Unusual, long-lasting, not related to getting a COVID-19 vaccine in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you may already have

**Digestive issues like nausea/vomiting, diarrhea, stomach pain**

Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have

**Muscle aches/joint pain**

Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)

**Extreme tiredness**

Unusual fatigue, lack of energy (not related to getting a COVID-19 vaccine in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)

**Falling down often**

For older people

**No – I have none of the above symptoms**

**2. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**

If you are fully vaccinated (it has been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series), select "No".

If the person got a COVID-19 vaccine in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No".

Yes

No

**3. In the last 14 days, have you travelled outside of Canada?**

If [exempt from federal quarantine requirements](#) (for example, you are fully vaccinated and have met the specific conditions, or an essential worker who crosses the Canada-US border regularly for work), select "No".

Yes

No

**4. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?**

If you are fully vaccinated (it has been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series) and have not been told to self-isolate by public health, select "No".

Yes

No

**5. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?**

This can be because of an outbreak or contact tracing.

Yes

No

**6. In the last ten days, have you tested positive on a rapid antigen test or home-based self-testing kit?**

If you have since tested negative on a lab-based PCR test, select "No".

Yes

No

**7. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?**

If you are fully vaccinated (it has been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series), select "No".

If you already went for a test and got a negative result, select "No".

Yes

No

**If you live with someone who is isolating because of recent international travel or a high-risk exposure**

If you are fully vaccinated: you do not need to isolate.

If you are not fully vaccinated: you must stay home for the same amount of time they are required to isolate. You can leave, however, only for essential reasons (for example, work, school, childcare, groceries, prescriptions, or medical appointments).

**If you answered YES to any of these questions DO NOT ENTER the Town Site. Contact the Town immediately.**

**Date:**

**Name (in full):**

**Phone Number:**

**Contractor Company Name (if applicable):**

**Your Email Address:**

**Town Contact's Email Address:**

Completion of this declaration is mandatory. Failure to provide information will prevent you from entering or visiting a Town facility. Please complete your details to confirm you have read and understand this declaration

## **Declaration**

1. I acknowledge COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious and that I have an elevated risk of contracting COVID-19 by being around other people in a public setting, and I hereby assume the risks with respect to acquiring COVID-19 inherent in participating in work or participating in activities and programs at a Town of Gravenhurst site(s), including the associated risk of death or severe bodily injury that may accompany COVID-19.
2. I hereby release and save harmless The Corporation of the Town of Gravenhurst and its employees and representatives from any and all claims and demands associated with my acquiring COVID-19, from working at or visiting a Town of Gravenhurst site, due to any cause whatsoever, including negligence, breach of contract, mistakes or errors in judgment. This Release of Liability shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

**By checking this box I agree with the contents of this Declaration.**

I have read this document in its entirety and fully acknowledge and understand the terms.

Please sign below:

### **When you arrive at the facility:**

You will be required to wear a face mask/face covering and sanitize your hands when you enter.

Please Note: public washrooms are currently closed at our facility.