# Pre-Screening / Screening Questionnaire

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<tr>
<th>Visitor Name and Organization:</th>
<th>DATE</th>
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<th>Contact Number:</th>
<th>Email:</th>
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1. Are you experiencing any of the following symptoms:
   - Fever of 38 C or higher
   - Cough
   - Difficulty Breathing or Shortness of Breath
   - Malaise (severe fatigue or feeling of being generally unwell)

2. In the last 14 days have you:
   - a. Travelled to/from or through
      - China
      - Hong Kong
      - Iran
      - Italy
      - Japan
      - Singapore
      - South Korea
      - France
      - Spain
      - Germany
   - b. Been in close contact with someone who has a confirmed or probable case of COVID-19
   - c. Been in close contact with a person with an acute respiratory illness who has been to the above countries within 14 days prior to their illness onset?

Signature:  
Name (please print):

If you have answered Yes to any of the above questions, please delay your attendance AND contact your healthcare provider, or Telehealth Ontario (1-866-797-0000)