

COVID-19 Visitor Screening



All visitors are required to self-screen prior to entering the facility.

1. Do you have any of the following symptoms?

Fever and/or chills	Do not enter if temperature is 37.8°C or higher
Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
Shortness of breath	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
Decrease or loss of smell or taste	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
Runny or stuffy/congested nose	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
Headache	Unusual, long-lasting not related to tension-type headaches, chronic migraines, or other known causes or conditions you 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	Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)
Extreme tiredness	Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
Falling down often	For older people

2. 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.*
3. In the last 10 days, have you tested positive on a rapid antigen test or a homebased self-testing kit? *If you have since tested negative on a lab-based PCR test, select "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* and have not been advised to self-isolate by public health, select "No."*
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? *If you are fully vaccinated and/or have already gone for a test and got a negative result, select "No."*
6. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?
7. In the last 14 days, has someone in your household (someone you live with):
 - travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements; OR
 - been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self isolate?
8. 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, select "No." If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."*

How To Respond:

If you answered **YES** to **ANY** of these screening questions, you have failed the screening exercise and **cannot enter or utilizing this Haldimand County facility.** Contact your health care provider or your local Health Unit at 519-426-6170 ext. 9999