

Mandatory COVID-19 Screening

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy!

1. Do you have a fever?

Yes NO

2. Do you have any of the following signs or symptoms?

<input type="checkbox"/>	New onset of cough	<input type="checkbox"/>	Difficulty breathing
<input type="checkbox"/>	New loss or decrease in sense of taste or smell	<input type="checkbox"/>	Worsening chronic cough
<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	Sneezing (not allergy related)	<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Hoarse voice	<input type="checkbox"/>	Nasal congestion
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Chills
<input type="checkbox"/>	Unexplained fatigue or malaise	<input type="checkbox"/>	Pink eye
<input type="checkbox"/>	Difficulty swallowing		
<input type="checkbox"/>	Nausea/vomiting, diarrhea, abdominal pain		

3. Have you travelled or have had close contact with anyone who has travelled outside of Canada in the past 14 days?

Yes NO

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of COVID-19?

Yes NO

5. Have you visited, resided in or had guests from a location in red or lockdown (grey) status or from outside Ontario?

Yes NO

6. Have you had the vaccine ?

Yes NO

7. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures when you had close contact with a suspected or confirmed case of COVID-19?

Yes NO

initial _____ If you have answered "yes" to questions 1, 3, or have checked off signs or symptoms, you may need to reschedule your appointment.

initial _____ If you have answered "yes" to question 4 but "yes" to question 5, you may proceed with your appointment.

Yes I declare that I have answered the above questions fully and honestly

Yes I declare that I understand that I am to contact Cathy immediately if I answered yes to any questions

Yes or my answers change within 10 days of being on the farm

Yes or in contact with Cathy or any of the staff at Corner Stone Farm

signature :

Date:
