

COVID-19 Self-Screening

To prevent the spread of COVID-19 and reduce potential risk to City of Brampton employees and visitors, please answer the questions below to the best of your knowledge.

Name:	<small>Please print clearly</small>
Date:	
Phone Number:	

1. Have you had close contact with a confirmed or probable case of COVID-19 in the past 14 days?

Yes ☐ No ☐

2. Have you traveled outside of Canada [including the USA] within the past 14 days)?

Yes ☐ No ☐

3. Do you have any of the following **new or worsening** symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

Do you have a fever or chills? Yes ☐ No ☐

Do you have difficulty breathing or shortness of breath? Yes ☐ No ☐

Do you have a cough? Yes ☐ No ☐

Do you have a sore throat, trouble swallowing? Yes ☐ No ☐

Do you have a runny nose/stuffy nose or nasal congestion? Yes ☐ No ☐

Do you have a decrease or loss of smell or taste? Yes ☐ No ☐

Do you have nausea, vomiting, diarrhea, abdominal pain? Yes ☐ No ☐

Are you not feeling well or have extreme tiredness or sore muscles? Yes ☐ No ☐

Please note if you answer "yes" to any of the above questions, DO NOT ENTER THE BUILDING. Contact your Public Health Unit or your family physician for direction. Please re-schedule your appointment with City of Brampton accordingly. Stay safe.

Signature: _____