

Co-op Name
Member Name

Unit #

COVID-19 Pre-screening Assessment for unit entry

You and/or the Co-op have determined that it will be necessary for someone to enter your Unit for the following purpose:

We require the following information to assess the risk factors associated with the COVID-19 virus based on guidelines provided by the Provincial Health Officer. Entry to your unit for the purposes listed above will be cancelled or rescheduled if any safety issues are identified as a result of this assessment.

Please answer YES or NO to the following questions:

In the past 14 days, have you come into close contact (within six feet) with someone who has a laboratory-confirmed COVID-19 diagnosis?

Yes No

Do you provide care or have close contact with a person with a confirmed case of COVID-19?

Yes No

Do you have any of the following symptoms: severe difficulty breathing, chest pain, shortness of breath, cold or flu-like symptoms?

Yes No

Have you travelled outside of Canada within the last 14 days?

Yes No