Region of Peel
working with you

COVID-19 Active Screening Form For Essential Visitors and Vendors (to be completed at each visit for each guest)

Name of Child Care Centre: _____ Address of Child Care Centre: _____

Visitor/Vendor Name (First, Last): _____ Visitor/Vendor Phone Number: _____

Visitor/Vendor Address: _____

Date	Arrival and Departure Times	Q1: Do you have fever, new or worsening cough, shortness of breath or difficulty breathing, or any other symptoms below*?	Q2: Did you have close contact with anyone with fever, new/worsening cough, shortness of breath or difficulty breathing in the last 14 days?	Q3: Do you have COVID-19 or had close contact with a confirmed or suspected case of COVID-19 in the last 14 days?	Q4: Ask individual to report temperature.	Q5: Did you travel outside Canada in the last 14 days?
	Arrival: Departure:	□ Yes □ No	□ Yes □ No	□ Yes □ No	Temperature: **Fever (≥37.8 °C) present?** □ Yes □ No	□ Yes □ No
	Arrival: Departure:	□ Yes □ No	□ Yes □ No	□ Yes □ No	Temperature: **Fever present?** □ Yes □ No	□ Yes □ No
	Arrival: Departure:	□ Yes □ No	□ Yes □ No	□ Yes □ No	Temperature: **Fever present?** □ Yes □ No	□ Yes □ No

***Other Symptoms Include:**

- Sore throat
- Difficulty swallowing
- Pink eye (conjunctivitis)
- Nasal congestion or runny nose without other known cause
- Unexplained fatigue/malaise/muscle aches
- Chills
- Headaches
- Abdominal pain
- Diarrhea
- Nausea/vomiting
- Decrease or loss of sense of taste or smell

If YES was answered for any of the questions, the Child Care Centre should not permit the Visitor/Vendor to enter the centre. **Close contact** is being coughed or sneezed on or within 2 meters of an individual with COVID-19 symptoms for 15 minutes. For more information on symptoms, COVID-testing and self-isolation, see a health care provider, visit https://www.peelregion.ca/coronavirus/testing/ or contact Peel Public Health at 905-799-7700 (Caledon: 905-584-2216).