



Barber HyMac Hydro Inc.

239 BARRICK RD., PORT COLBORNE, ONTARIO, CANADA L3K 5Z5
 PHONE (905) 835-5661, (905) 835-8112
 FAX: (905) 835-1733

Novel Coronavirus (COVID-19) Screening Questionnaire

Name: _____ Contact Number: _____

Company: _____

Are you currently experiencing any of the following symptoms?	Please check answer		When did symptoms begin?
Fever >100.4F (38°C)	Yes	No	Date:
Chills	Yes	No	Date:
Sore throat	Yes	No	Date:
Cough (new or getting worse)	Yes	No	Date:
Shortness of breath or difficulty breathing	Yes	No	Date:
Other, specify:	Yes	No	Date:
Other symptoms include but are not limited to			
Loss of taste or smell	Diarrhea	Having a hard time waking up	Fatigue (feeling weak, tired, exhausted)
Pink eye (conjunctivitis)	Loss of consciousness	Muscle aches or headaches	Unexplained abnormally rapid heart rate
Rash	Nausea and/or vomiting	Worsening of chronic conditions	Loss of consciousness/ feeling confused
In the last 14 days:			
Have you tested positive for COVID-19?	Yes	No	
Have you had close contact with someone who has tested positive?	Yes	No	
Have you travelled outside of Ontario?	Yes	No	
If yes, did you quarantine for a period of 14 days after your return?	Yes	No	
Have you been advised to quarantine or self-isolate?	Yes	No	

If you have answered yes to any of the above questions, please do not enter our facility and reschedule your appointment. A new screening questionnaire will be required at that time.

If you have previously completed a screening questionnaire and any answers have changed, you must complete a new questionnaire.

We will be asking for a new questionnaire to be completed every 14 days.

You will be responsible to provide a mask or face shield that must be worn at all times while at our facility.

By signing this form, you confirm all answers to the above questions and agree to abide by the Barber Hymac Hydro Inc. COVID-19 protocol.

Please return form to sandie@barberhymac.com or by fax to 905-835-1733 at least 24 hours prior to visit.

Signature _____ Date: _____

Received by: _____ Date: _____