

COVID-19 Visitor Screening Questionnaire



Barber HyMac Hydro Inc.

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

Name: _____ Contact Number: _____

Company: _____

	Yes	No
1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions. If you have received a vaccine in the last 48 hours, answer no to *symptoms even if mild symptoms exist.		
<ul style="list-style-type: none"> • Fever and/or chills • Cough or barking cough (croup) • Shortness of breath • Sore throat • Difficulty swallowing • Decrease or loss of smell or taste • Pink eye 	<ul style="list-style-type: none"> • Runny or stuffy/congested nose • Headache* • Digestive issues (nausea, vomiting, diarrhea, stomach pains) • Muscle aches/Joint pain* • Fatigue* • Falling down often (18 years or older) 	
2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?		
3. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit? If you have since tested negative on a lab-based PCR test, answer NO.		
4. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19? If fully vaccinated and have not been advised to self-isolate, answer NO.		
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If fully vaccinated and/or have already gone for a test and got a negative result, answer NO.		
6. In the last 14 days, have you or anyone you live with travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?		
7. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? If you are fully vaccinated, answer NO.		

- Fully vaccinated means it has been at least 14 days since you received your second dose of a two-dose COVID-19 vaccine series, or the first dose of a one-dose COVID-19 vaccine series.
- If you have answered **NO to all questions 1 through 7**, you have passed and can enter the facility.
- If you have answered **YES to any questions from 1 through 7**, you have not passed and **cannot enter the facility** (including any outdoor, or partially outdoor, workspaces). You should go home to self-isolate immediately and contact your health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if you need a COVID-19 test.
- If you answered **YES to question 7**, you should stay at home, along with the rest of your household, until the sick individual gets a negative COVID-19 test result, is cleared by the local public health unit, or is diagnosed with another illness.
- A new questionnaire must be completed daily, and must be notified if your answers change during the day.
- 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.

Signature _____ Date: _____

Received by: _____ Date: _____