



## COVID-19 SCREENING AND CONTACT TRACING

The health, safety and well-being of employees, and the public is the Town of Torbay's priority. The following questions must be answered prior to entering any Town of Torbay municipal buildings.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

QUESTIONS	YES	NO
Do you have a fever and/or cough (new or worsening)?		
<b>Have you or anyone in the family travelled in the last 14 days outside the Province of Newfoundland and Labrador?</b>		
<b>Have you or anyone in your family</b> been in close contact with a known or suspected case of COVID-19 in the last 14 days?		
<p><b>Have you or the individual you are signing for or anyone in the family</b> had any symptoms of illness <b>of two or more of the following symptoms</b> listed below (new or worsening) <b>in the last 14 days:</b></p> <ul style="list-style-type: none"> <li>• Fever (or signs of a fever, such as chills, sweats, muscle aches, and light headedness)</li> <li>• Cough; or,</li> <li>• Headache; or,</li> <li>• Sore Throat; or,</li> <li>• Runny, stuffy or congested nose; or,</li> <li>• Painful swallowing; or</li> <li>• Vomiting or Diarrhea; or,</li> <li>• Loss of sense of smell or taste; or,</li> <li>• Unexplained loss of appetite; or,</li> <li>• Small red or purple spots on hands and/or feet.</li> </ul>		

**If the answer is yes to any of the screening questions the individual must not enter this facility.**