

# Kerry's Place Autism Services

## Active Screening for COVID-19



---

### ALL Staff to complete:

#### Screening Questions:

1. Do you have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing?

Yes

No

2. Have you traveled internationally within the last 14 days (outside Canada)?

Yes

No

3. Have you had close contact with a confirmed or probable COVID-19 case?

Yes

No

4. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

Yes

No

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_