

# Kerry's Place Autism Services

## Active Screening for COVID-19



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### ALL Visitors 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: \_\_\_\_\_