



Visitor Screening Questionnaire:

For all in-person services provided, in response to COVID-19

This questionnaire is mandatory and must be filled out honestly before entry and /or participating in services provided by the Prince Albert Early Years Family Resource Centre. In efforts to reduce the potential spread of COVID-19 within our community and according to guidelines set out by the Government of Saskatchewan, if answer is “yes” to any of the following questions, we ask that you return home and call 8-1-1 if symptomatic and follow directions of Public Health of Canada.

*** “Your Group” in this form means anyone that will be participating in services provided by PAEYFRC (i.e. you, your children, etc.)**

A) Are you or anyone in your group feeling unwell, Do you have:

- 1. Fever (temperature of or greater than 38.0 Celsius) No _____ Yes _____**
- 2. New or worsening respiratory systems i.e.: cough, shortness of breath or difficulty breathing, sore throat, runny nose? No _____ Yes _____**
- 3. New onset of systems including chills, aches, and pains, headaches and or loss of sense of smell or taste? No _____ Yes _____**

B) Have you or anyone in your group tested positive for COVID-19 or been in close contact with anyone who has tested positive for COVID-19 in the last 14 days?

No _____ Yes _____

C) In the last 14 days, have you or anyone in your group travelled outside of Saskatchewan?

No _____ Yes _____

D) Have you or anyone in your group travelled to a community or facility deemed an area of concern for COVID-19? No _____ Yes _____

Personal Information gathered on this section of the form is in order to support contact tracing efforts if needed by Public Health of Canada if a local outbreak occurs.

Name: _____

Contact Number _____



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Today's Date: _____

Names of people with you today in your group? (Both children and adults)

PAEYFRC staff initials: _____

Date reviewed: _____