HEALTH SCREENING ASSESSMENT

PLEASE PRINT CLEARLY

We require you to fill out the below assessment to assist in determining your fitness to volunteer during the COVID-19 pandemic to provide a safe environment for all volunteers and staff. This form is required for every volunteer shift you attend.

The information in this assessment is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work during the COVID-19 pandemic.

1	Do you have any of the below symptoms?	YES	NO
	Fever (> 38°C) (Contactless temperature checks will continue to take place at reception upon entry)		
	Cough		
	Shortness of Breath / Difficulty Breathing		
	Sore Throat		
	Runny Nose		
2	Have you travelled, or have you been in close contact with someone who has travelled, outside of Canada within the last 14 days?		
3	Have you been in close contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		

If you indicate that you have any of the symptoms listed above or select "Yes" for any of the questions, you will not be permitted to volunteer at this time.

Volunteers must be in good health and pass a daily COVID-19 health screening assessment. Volunteers must be willing to comply with physical distancing protocols and additional health and safety measures as outlined by the leadership team.

By signing the form, I agree that all the above questions have been answered truthfully and accurately.

_____   _____

Volunteer Name   Phone Number
(Print)

_____   _____

Volunteer Signature   Date

_____   _____   _____

Parent/Guardian Signature   Parent/Guardian Name   Date:
(For youth ages 14-17)   (Print)