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| VISITOR / EMPLOYEE SIGN-IN SHEET 2.0  |

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| **Branch:** | Month:  |
| This information will not be shared, sold, or distributed in any way, except in the event that Public Health authorities require it for contact tracing due to possible COVID-19 exposure.***BY SIGNING IN, YOU CONFIRM THAT YOU DO NOT HAVE ANY OF THE FOLLOWING NEW OR WORSENING SYMPTOMS OR SIGNS. SYMPTOMS SHOULD NOT BE CHRONIC OR RELATED TO OTHER KNOWN CAUSES OR CONDITIONS: [descriptions page 2]*****not related to** **getting a COVID-19 vaccine in the last 48 hours*** ♦Fever or chills ♦ Difficulty breathing or shortness of breath ♦ Cough ♦ Decrease or loss of smell or taste ♦ Not feeling well, sore muscles ♦ extreme tiredness
* You have travelled outside of Canada in the last 14 days
* In past 10 days, you have been in **close contact** with a confirmed or probable case or who is waiting for test results due to experiencing symptoms of COVID-19

In the last 10 days, have you tested positive on a rapid antigen test* A doctor, health care provider, or public health told you that you should currently be isolating
* You received COVID Alert exposure notification on your cell **IF you answer YES to any of the above, DO NOT ENTER and go home to self-isolate immediately**

**and contact your healthcare provider or Telehealth Ontario (1 866-797-0000) or dial 8-1-1 for HealthLink BC** |

| Date | Name | Phone |
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| DESCRIPTIONS OF COVID SIGNS AND SYMPTOMS – VISITOR SIGN-IN SHEET 2.0 [pg. 2] |
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| Fever and/or chillsTemperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher |   |
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| Cough or barking cough (croup)Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (for example, asthma, post-infectious reactive airways, COPD) |  |
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| Shortness of breathOut of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma) |  |
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| Decrease or loss of smell or tasteNot related to other known causes or conditions (for example, allergies, neurological disorders) |  |
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| Sore throatNot related to other known causes or conditions (for example, seasonal allergies, acid reflux) |  |
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| Difficulty swallowingPainful swallowing, not related to other known causes or conditions |  |
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| Pink eyeConjunctivitis, not related to other known causes or conditions (for example, reoccurring styes) | Conjunctivitis Stock Illustrations – 1,282 Conjunctivitis Stock  Illustrations, Vectors & Clipart - Dreamstime |
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| Runny or stuffy/congested noseNot related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather) | Computer Icons Computer font , runny nose transparent background PNG clipart  | HiClipart |
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| Headache that’s unusual or long lasting not related to getting a COVID-19 vaccine in the last 48 hours. Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines) |  |
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| Digestive issues like nausea/vomiting, diarrhea, stomach painNot related to other known causes or conditions (for example: irritable bowel syndrome, menstrual cramps) |  |
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| Muscle aches that are unusual or long lasting not related to getting a COVID-19 vaccine in the last 48 hours. Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia) |  |
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| Extreme tiredness that is unusual not related to getting a COVID-19 vaccine in the last 48 hours: Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction) |  |