



COVID-19 Staff and Visitor Screening Form for Homelessness Service Settings

All staff and visitors must complete this form prior to entry.

SCREENED PERSON INFORMATION

Staff Visitor

First Name	Last Name
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.	
Single Name	
Date (yyyy-mm-dd)	Time
Location (enter the facility that you are entering today)	

Section 1. ENTRY SCREENING QUESTIONS

Some people may experience mild or no physical symptoms. Symptoms can take up to 14 days after exposure to COVID-19 to appear.

<p>1. Do you have any of the following new or worsening symptoms? Symptoms should not be chronic or related to other known causes or conditions.</p> <ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Sore throat • Runny nose • Loss of taste or smell • Nausea, vomiting, diarrhea • Difficulty swallowing • Not feeling well, extreme tiredness, sore muscles <p>If you are having difficulty breathing, call 911.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you returned from travel outside of Canada in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been in close contact with someone who is confirmed COVID-19 or probable (symptoms + exposure) in the past 14 days without wearing appropriate PPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Section 2. ASSESS RESPONSE

Based on your response to the above questions, do the following:

If yes to any of the questions in Section 1, you are not permitted to enter the site.

If you have one or more of the following COVID-19 symptoms:

- Do not come to work or enter the facility.
- Stay home and self-isolate right away.
- Call Telehealth Ontario (1-866-797-0000) or your health care provider to find out if you need a COVID-19 test.
- Call your Supervisor to report your absence and to receive further instructions.

If you need urgent care, contact 9-1-1

Shelter, Support and Housing Administration collects personal information on this form under the legal authority of the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, SO 2020, Chapter 17, section 2, the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, section 136(c), the Housing Services Act, 2011, SO 2011, Chapter 6, Schedule 1, section 6 and the Toronto Municipal Code, Chapter 59, Emergency Management. The information is used to record information related to the health, safety and well-being of staff, clients and visitors to enhance safety in the Homelessness Service Settings. Information will only be shared with Toronto Public Health when requested. Questions about this collection can be directed to the Manager, Homelessness Initiatives & Prevention Services (HIPS) Head Office, 625 Church Street, 5th Floor, Toronto, Ontario, M4Y 2G1, or by telephone at 416-392-8741.