



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 or chills Cough Difficulty breathing or shortness of breath - if you are having difficulty breathing, call 911. Decrease or loss of taste or smell Not feeling well, extreme tiredness, sore muscles <p>*If symptoms of, tiredness, sore muscles or joints occur within 48 hours after getting a vaccine, select "NO" and wear a medical mask when at work. If your symptoms last longer than 48 hours or worsen, stay home, self-isolate and get tested.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?</p> <p>*If you are fully vaccinated, select "NO". If the household member has symptoms of a mild headache, tiredness, sore muscle or joints that occurred within 48 hours after getting a COVID-19 vaccine, select "NO".</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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<p>3. Have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?</p> <p>*If you have been notified as a close contact but have been advised by public health that you do not need to self-isolate select "NO"</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. In the last 10 days, have you tested positive on a rapid antigen or a home-based self-testing kit?</p> <p>*If you have since tested negative on a lab-based PCR test, select "NO".</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements¹?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

- Do not come to work or enter the facility.
- Stay home and follow Toronto Public Health advice.
- Call your Supervisor to report your absence and to receive further instructions.

If you require information, call Telehealth Ontario (1-866-797-0000) or your health care provider. 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), Metro Hall, 55 John Street, 9th Floor, Toronto, M5V 3C6, or by telephone at 416-392-8741.

¹ <https://travel.gc.ca/travel-covid/travel-restrictions/isolation>