

Zorra Recreation - COVID-19 Screening

This assessment tool must be completed before each visit to a Zorra recreation facility and by each visitor per Ontario Regulation 364/20. It is not to take the place of medical advice, diagnosis or treatment.

1. Contact Information

Full Name

Phone Number

2. What organization are you with?

3. Do you have any of the following symptoms?

Select symptoms if they are new or worsening and not related to chronic or known conditions

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles
- None of the above symptoms

4. Have you travelled outside of Canada in the past 14 days?

- Yes
- No

5. Have you had close contact with a confirmed or probable case of COVID-19?

- Yes
- No

Results of Screening Questions:

- If you have no symptoms and answered NO to questions 4 or 5, you may enter the facility
- If you have symptoms or answered YES to questions from 4 or 5, you may not enter the facility today. Please contact your health care provider, your local health unit or telehealth.