



EIRC Screening Questionnaire

Group/Team Name:

Date:

Time:

1. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
2. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
3. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
4. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
5. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
6. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
7. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
8. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
9. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?

During Screening process if at anytime YES is indicated, Patron is denied access to the facility



10. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
11. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
12. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
13. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
14. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
15. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
16. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
17. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?
18. Name:
Have you been in contact with anyone with Covid 19?
Have you or a family member travelled outside of Canada in the last 14 days?
Do you have a new or worsening cough, fever or shortness of breath?

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19. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

20. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

21. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

22. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

23. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

24. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

25. Name:

Have you been in contact with anyone with Covid 19?

Have you or a family member travelled outside of Canada in the last 14 days?

Do you have a new or worsening cough, fever or shortness of breath?

During Screening process if at anytime YES is indicated, Patron is denied access to the facility