

COVID-19 HEALTH SCREENING

NOTICE

By entering these premises, I am confirming:

- 1 I have attested to being fully vaccinated with a Canadian approved COVID-19 vaccine and it has been at least 14 days since my second dose (or in the case of the Janssen vaccine at least 14 days since my vaccination); OR that I have completed a Rapid Antigen Test and received a negative result within the required timeframe*.
- 2 That I have read and understood GWLRA Residential's COVID-19 Health Screening Questionnaire as stated **below** and I am able to enter the premises.

1 Are you, or anyone you live with, currently experiencing one or more of the symptoms below that are new or worsening? (Select "No" if symptoms are chronic or related to other known causes or conditions.)

 <p>a. Cold or flu symptoms (fever or chills, cough, sore throat, runny nose, extreme fatigue, sore muscles)</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	 <p>b. Difficulty breathing or shortness of breath</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
	 <p>c. Decrease or loss of smell or taste</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
	 <p>d. Nausea, vomiting, diarrhea, abdominal pain</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

2 In the last 14 days have you travelled outside of Canada AND been advised to quarantine (as per federal quarantine requirements)?
(Select "No" if you are exempt from federal quarantine as per Group Exemptions, Quarantine Requirements under the Quarantine Act.)

YES
 NO

<p>3</p> <p>In the last 10 days, have you had close contact with a confirmed case of COVID-19, or has a doctor, health care provider or public health unit told you that you should currently be isolating?</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>4</p> <p>In the last 10 days, have you received a COVID Alert exposure notification? (Select "No" if: • You have since tested negative on a lab-based PCR test, or • You are fully vaccinated, or • Have tested positive for COVID-19 in the last 90 days and since been cleared by your local public health authority.)</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>5</p> <p>In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit? (Select "No" if you have since tested negative on a lab-based PCR test.)</p> <p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
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6 Are you, or anyone you live with, waiting for COVID-19 testing results?

YES NO

 If you answer **NO** to all questions 1 through 6, you have passed and can enter the premises.

 If you answer **YES** to any of the above questions from 1 through 6, you have **not** passed. **DO NOT ENTER.**

*Timeframes for those required to complete a Rapid Antigen Test prior to entering the building:

- If you are coming into the building **1 day per week or less**, you are required to test within 24 hours prior to entering the building.
- If you are coming into the building **2 days per week or more**, testing is required twice per week with 48-72 hours between tests.

You are expected to be aware of and comply with all local public health guidelines and directives.

Thank you for helping us keep our communities safe!

