9116 Bayview Avenue
Richmond Hill, ON, L4B 3M9
Phone: 905-747-0001, 416-824-8536

DAILY LOGS OF SCREENING ASSESSEMENTS FOR STAFF/PARENTS/VISITORS

Screening Questions Set (C)

1) Have you or anyone in your household been sick in the last 14 days?
2) Have you or anyone in your household traveled to another country or around Canada in the last 14 days?
3) Have you been in contact with anyone who has been investigated/confirmed for Coronavirus?

Date	First & Last Name	Role: **Educator**/ **Parent**/**Visitor**	**Screening Questions A & B**		Arrival Time	Screening Temperature	Screening Questions (C): Y/N			Departing Time
Contact information			No for all Questions	Yes. Specify to which question			1.	2.	3.	