



# COVID-19 Screening for MCRC Staff and Tenants

## March 2020

To protect everyone, including staff, we are asking all staff and tenants to complete the following questionnaire.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### In the past 14 days:

1. Have you travelled outside of Canada?

YES

NO

2. Have you been in contact with someone infected with the coronavirus (COVID-19)?

YES

NO

3. Have you been to a hospital, walk in clinic, emergency room, etc. where people infected with the coronavirus (COVID-19) are being treated?

YES

NO

3. Have you had any of the following symptoms in the last few days:

- Fever
- New or unexplained cough
- Shortness of breath
- Difficulty breathing

YES

NO

Signature: \_\_\_\_\_