



**District
5370**

Rotary District Office Screening Questions and Visitor Process

This Questionnaire is required to visit the District Office.

Background

The City of Edmonton is turning over and requiring tenants to pre-screen and track all visitors. This is effective October 1.

The Survey

The District is using the Alberta Government's Screening Survey dated August 2020. This survey may change without notice.

The Visiting Procedure

Any visitor to the District Office shall:

- Contact the Office, set up the appointment and obtain a copy of this survey.
- Complete the survey.
- Send a copy of the survey to the Office prior to the appointment.
- Bring a copy of the survey with you.

The survey shall be valid for 24 hours from the signature and date.

Screening Survey

Should you answer yes to any of the questions, the visitor shall reschedule the appointment.

| 1. | Do you have any new onset (or worsening) of any of the following? | Circle One | |
|------------|---|------------|----|
| | | YES | NO |
| | Fever | YES | NO |
| | Cough | YES | NO |
| | Shortness of Breath | YES | NO |
| | Sore Throat | YES | NO |
| | Chills | YES | NO |
| | Painful Swallowing | YES | NO |
| | Feeling Unwell | YES | NO |
| | Nausea | YES | NO |
| | Loss of Appetite | YES | NO |
| | Loss of Taste or Smell | YES | NO |
| | Joint Aches | YES | NO |
| | Headache | YES | NO |
| | Pink Eye | YES | NO |
| 2. | Have you travelled outside Canada in the last 14 days? | YES | NO |
| 3. | Have you had close contact with a confirmed case of Covid-19 in the last 14 days? | YES | NO |
| 4. | Have you had close contact with a symptomatic (any of the symptoms listed above) close contact of a confirmed case of Covid-19 in the last 14 days? | YES | NO |
| Name: | | | |
| Date: | | | |
| Signature: | | | |
| Phone #: | | | |