

# COVID-19 Screening Form 2021

I am a Visitor to a Facility of the Township of  
Lucan Biddulph

First Name:

Last Name:

Name of Guardian (if visitor is under 16):

Contact Number:

Contact Email:

Have you travelled outside of Canada in the  
last 14 days? Yes  
No

Have you tested positive for COVID-19 or had  
close contact with a confirmed case of  
COVID-19, Yes  
No

Do you have any ONE of the following  
symptoms? Yes  
No

- Fever
- Worsening chronic cough
- Difficulty breathing
- Hoarse Voice
- Decrease or loss of sense of taste/smell
- Headaches
- Diarrhea
- Nausea/vomiting
- Runny nose/sneezing without other known cause
- New onset of cough
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Chills
- Unexplained fatigue/malaise/muscle aches
- Abdominal pain
- Pink eye (conjunctivitis)
- Nasal congestion without other known cause

If you are 70 years of age or older, are you  
experiencing any of the following? Yes  
No

- Delirium
- Acute functional decline
- Unexplained or increased number of falls
- Worsening of chronic conditions

I agree to adhere to the COVID-19 PPE requirements while visiting the Township of Lucan Biddulph's Facilities

I agree to submit this screening form to the Township of Lucan Biddulph.

**SUBMIT**