



Antrim Glen Homeowners Association  
104 Glenarm Circle, Freelton, On L8B 1A5

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# COVID-19 Resident Screening (Effective 8/25/2021)

Activity: \_\_\_\_\_

Co-ordinator: \_\_\_\_\_

Resident: \_\_\_\_\_

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

**Please answer these questions before attending your activity. If your answer to question #1 is “No” or your answer to any other questions is “Yes”, then please do not enter the activity.**

## Residents must also sign the Activity Sign In Sheet

1. Are you double vaccinated? Yes  No
2. Do you have new or worsening symptoms or signs of fever or chills? Yes  No
3. Do you have new or worsening symptoms or signs of a cough? Yes  No
4. Do you have new or worsening symptoms or signs of runny nose/stuffy nose or nasal congestion? Yes  No
5. Do you have new or worsening symptoms or signs of nausea, vomiting, diarrhea, abdominal pain? Yes  No
6. Have been in hospital for more than 24 hours in the past 14 days Yes  No
7. Have you travelled outside of Canada in the past 14 days? Yes  No
8. Do you have new or worsening symptoms or signs of difficulty breathing or shortness of breath? Yes  No
9. Do you have new or worsening symptoms or signs of sore throat, trouble swallowing? Yes  No
10. Do you have new or worsening symptoms or signs of decrease or loss of smell or taste? Yes  No
11. Do you have new or worsening symptoms or signs of not feeling well, extreme tiredness, sore muscles? Yes  No
12. Have you had close contact with a confirmed or probable case of COVID-19? Yes  No

**Co-ordinator to retain the COVID-19 Resident Screening sheet and the ACTIVITY SIGN IN SHEET for 30 days**