

COVID-19 Screening Questionnaire

Norton Lake – 1155 Queen Str E, Brampton



Date: _____

Unit Number: _____

Name: _____ Location: _____

This simple screening questionnaire **MUST** be completed prior to a scheduled appointment to meet with staff in the management office and before maintenance work begins if members of the household are in the unit. The purpose of the questionnaire is to prevent the spread of COVID-19 and reduce the risk of exposure. Information collected will be kept confidential and is intended to help with contact tracing, if required by health officials.

Staff will have the right to refuse service if there is a risk of exposure to COVID-19 or if the questionnaire is not completed. **Thank you for your cooperation.**

*Full Name	*Unit #
In the last 14 days, have you had close contact with or cared for someone diagnosed with COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last 14 days, have you traveled to or had close contact to a person that has travelled to an area that has a high incidence of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last 14 days, have you experienced any cold or flu-like symptoms such as fever, cough, sore throat, respiratory illness, or difficulty breathing?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer is “yes” to any of the questions above, access to the Management Office and in-suite maintenance service will not be permitted at this time. Please continue to communicate with the management office by phone or email. This form can be completed and submitted to the office online through the company website www.pathwayhousing.ca

***Thank you for your patience and cooperation
with the management in helping to comply
with safety measures for
everyone’s protection.***

For office use
Comments:
