



**City of Welland Economic Development**  
 Recreation & Culture Division  
 Welland Community Wellness Complex  
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# COVID-19 Visitor Assessment

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME/CONTACT NO.: \_\_\_\_\_

ADDITIONAL VISITORS: \_\_\_\_\_

TEMPERATURE CHECK COMPLETED: YES  NO:

**Do you have any of the following:**

- 1. Fever / chills  Yes  No
- 2. New cough or a cough that is getting worse  Yes  No
- 3. Difficulty breathing  Yes  No
- 4. Shortness of breath (even when sitting or walking regularly)  Yes  No
- 5. Sore throat (not due to allergies)  Yes  No
- 6. A runny or congested nose (not due to allergies)  Yes  No
- 7. Unusual level of fatigue  Yes  No
- 8. Unusual headache  Yes  No
- 9. Nausea / vomiting, diarrhea, or loss of appetite  Yes  No
- 10. Feeling unwell for an unknown reason  Yes  No

**Have you been in close contact with someone who is either sick, sent for testing, or has confirmed COVID-19 in the past 14 days?**

Yes  No

**Have you returned from travel outside Canada in the past 14 days?**

Yes  No

If you answered **YES** to any of these questions, go home and self-isolate right away. Call your health care provider or the COVID-19 Info-Line and a public health professional will give you detailed instructions to follow to protect you, your family and members of the public.

REPORT COMPLETED BY: \_\_\_\_\_