

# STUDIO MUNGE

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple pre entry screening self-assessment in compliance with *Ontario Regulation 364/20, the "Rules for Areas in Stage 3"*. Please complete below before entry.

---

## Personal Information

Full Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

---

## Self-Assessment

1) Do you have any of the following **new or worsening** symptoms or signs? (Symptoms should not be chronic or related to other known causes or conditions)

- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| Fever or chills?                                   | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Difficulty breathing or shortness of breath?       | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Cough?   | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Sore throat, trouble swallowing?                   | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Runny nose/stuffy nose or nasal congestion?        | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Decrease or loss of smell or taste?                | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Nausea, vomiting, diarrhea, abdominal pain?        | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |
| Not feeling well, extreme tiredness, sore muscles? | <input type="radio"/> <b>Yes</b> | <input type="radio"/> <b>No</b> |

2) Have you travelled outside of Canada in the past 14 days?

- Yes**  **No**

3) Have you had close contact with a confirmed or probable case of COVID-19?

- Yes**  **No**

Signature \_\_\_\_\_

Date \_\_\_\_\_