



# West Bridge Place

## West Bridge Place COVID-19 Self Assessment

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

Name: \_\_\_\_\_

**ALL QUESTIONS BELOW MUST BE ANSWERED. ONLY TICK THE BOX IF YOU ARE EXPERIENCING SYMPTOMS. LEAVE BOX UNTICKED IF IT DOES NOT APPLY TO YOU.**

**Are you currently experiencing any of these issues? Call 911 if you are:**

- Severe difficulty breathing
- Severe chest pain
- Feeling confused or unsure of where you are
- Losing consciousness

**Are you currently experiencing any of these symptoms? Choose any/all that apply.**

- Fever (higher than 37.8 degrees Celsius)
- Chills
- Cough (new or worsening)
- Barking cough, making a whistling noise when breathing
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny nose (not related to allergies or other known causes or conditions)
- Stuffy or congested nose (not related to allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye
- Headache that's unusual or long lasting
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Muscle aches
- Extreme tiredness that is unusual
- Falling down often
  
- I am NOT currently experiencing any of the above symptoms.**

**BOTH PAGES OF THIS ASSESSMENT MUST BE COMPLETED PRIOR TO ANY  
MODEL SUITE VIEWING**



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### Are you in any of these at-risk groups?

- 70 years or older
- Receiving treatment that compromises (weakens) your immune system
- Having a condition that compromises (weakens) your immune system
- Having a chronic (long-lasting) health condition
- Regularly going to a hospital or health care setting for treatment

### In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Close physical contact means:

- Being less than 2 metres away in the same room, workspace, or area for over 15 minutes
- Living in the same home

- Yes
- No

### In the last 14 days, have you been in close physical contact with a person who either:

- Is currently sick with a new cough, fever, or difficulty breathing?
- Returned from outside of Canada in the last 2 weeks?

- Yes
- No

### Have you travelled outside of Canada in the last 14 days?

- Yes
- No

I certify that all of the information provided in this assessment is both true and accurate to the best of my knowledge, and I will contact a representative from West Bridge Place should I come down with any symptoms in the next 14 days.

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Signature

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