



BURNABY
COMMUNITY
SERVICES

Burnaby Christmas Bureau – Toy Room Screening Form

ALL visitors must submit this completed form and be approved at screening desk PRIOR to entering.

VISITOR NAME (print clearly): _____ TIME: _____

1. Are you experiencing any of the following symptoms?

- Fever, new or worsening cough, stuffy or runny nose, sore throat or painful swallowing, difficulty breathing or loss of sense of smell
- Diarrhea, nausea and/or vomiting or loss of appetite
- Fatigue, muscle aches, chills or headache

Yes No

Body Temperature (checked at entrance): _____ Celsius

** Note: if temperature of 37.4 Celsius or higher, could indicate infection*

2. Have you traveled outside of Canada – including the United States within the last 14 days?

Yes No

3. Have you had contact or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes No

4. Have you been told to self-isolate in accordance with Public Health directives?

Yes No

If you answered YES to ANY of the questions above, inform our screening personnel immediately.

VISITOR SIGNATURE: _____ DATE: _____

***Together we must ensure the health and wellbeing of our clients, staff, and volunteers.
We ask for your co-operation, especially under these difficult and challenging circumstances.***

Thank you from the Burnaby Christmas Bureau.

FOR SCREENING PERSONNEL ONLY

I have witnessed this form being completed/signed, and this individual is fit to visit at this time.

NAME: _____

DATE: _____ TIME: _____