



The Wexford Residence Inc.

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INDOOR VISITOR ATTESTATION

Resident: _____ Room #: _____
(please print)

Visitor:

I, _____ confirm that:
(please print full name)

I attest that I have tested negative for COVID-19 within the previous 2 weeks.

I have not had a positive test result since then.

I am also not experiencing any of the typical and atypical symptoms of COVID 19 (listed on the back of the form).

Please sign:

Signature

Date

Typical and Atypical Symptom Screening Questions

1. Have you had contact with anyone with acute respiratory illness or have traveled outside of Ontario in the past 14 days?
 2. Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
 3. Do you have any of the following symptoms?
 - Fever
 - New onset of cough
 - Worsening chronic cough
 - Shortness of breath
 - Difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Decrease of loss of sense of taste or smell
 - Chills
 - Headaches
 - Unexplained fatigue/malaise/muscle aches (myalgias)
 - Nausea/vomiting, diarrhea, abdominal pain
 - Pink eye (conjunctivitis)
 - Runny nose or nasal congestion without other known cause
 4. If you are 70 years of age or older, are you experiencing any of the following symptoms?
 - Delirium
 - Unexplained or increased number of falls
 - Acute functional decline
 - Worsening of chronic conditions
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COVID-19 Screening Results

If response to **ALL** of the screening questions is **NO**: COVID Screen **Negative**

If response to **ANY** of the screening questions is **YES**: COVID Screen **Positive**