

PERSON SERVED SCREENING		REVISED MAY 29/20	
DATE:		PERSON SERVED NAME:	
1.	Do you have any of the below symptoms:		
	<ul style="list-style-type: none"> Fever (37.8°C or higher) 	YES	NO
	<ul style="list-style-type: none"> Any new or worsening respiratory symptoms: 		
	<ul style="list-style-type: none"> o Cough 	YES	NO
	<ul style="list-style-type: none"> o Shortness of breath/difficulty breathing 	YES	NO
	<ul style="list-style-type: none"> o Runny nose or sneezing 	YES	NO
	<ul style="list-style-type: none"> o Nasal congestion/ Stuffy Nose 	YES	NO
	<ul style="list-style-type: none"> o Hoarse voice 	YES	NO
	<ul style="list-style-type: none"> o Sore Throat/Painful Swallowing 	YES	NO
	<ul style="list-style-type: none"> o Difficulty Swallowing 	YES	NO
	<ul style="list-style-type: none"> Any new symptoms including but not limited to: 		
	<ul style="list-style-type: none"> o Chills 	YES	NO
	<ul style="list-style-type: none"> o Muscle/Joint Aches 	YES	NO
	<ul style="list-style-type: none"> o Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite 	YES	NO
	<ul style="list-style-type: none"> o Feeling Unwell/Fatigue/Severe Exhaustion 	YES	NO
	<ul style="list-style-type: none"> o Headache 	YES	NO
	<ul style="list-style-type: none"> o Loss of Sense of Smell or Taste 	YES	NO
	<ul style="list-style-type: none"> o Conjunctivitis (commonly known as pink eye) 	YES	NO
	<ul style="list-style-type: none"> o Altered Mental Status 	YES	NO
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE?	YES	NO
<p>If a resident answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room, or an available isolation room and should be asked to consent to testing for COVID-19.</p> <p><u>Note:</u> If you have a fever, cough, shortness of breath, runny nose or sore throat, you are <u>legally required to isolate for at least 10 days</u> from the start of your symptoms or until they resolve, whichever is longer.</p>			