

COVID-19 SCREENING TOOL - PERSON SERVED**REVISED APRIL 15, 2021**

Taken from CMOH 32-2020

Name: _____

Date: _____

Time: _____

Temperature: _____

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions:

1.	Do you have any new onset (or worsening) of any of the following respiratory symptoms: Cough, Shortness of Breath/Difficulty Breathing, Runny Nose or Sneezing, Nasal Congestion/ Stuffy Nose, Hoarse Voice, Sore Throat/Painful Swallowing, Difficulty Swallowing?	YES	NO
2.	Is there a fever 37.8 °C or higher?	YES	NO
3.	Any new symptoms including but not limited to: Chills, Muscle/Joint Aches, Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite, Feeling Unwell/Fatigue/Severe Exhaustion, Headache, Loss of Sense of Smell or Taste, Conjunctivitis (commonly known as pink eye), Altered Mental Status?	YES	NO
4.	Have you travelled outside of Canada in the last 14 days?	YES	NO
5.	Have you had close contact * with a confirmed case of COVID-19 in the last 14 days?	YES	NO
6.	Have you had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

*Close contact is defined as face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

** Ill/symptomatic means someone with COVID-19 symptoms on the list above.