

COVID-19 SCREENING TOOL – SERVICE PROVIDER**REVISED APRIL 15/21**

Taken from CMOH 29-2020

Service Provider Name: _____ Industry Name: _____

Duration of Service: _____ Time In: _____ Time Out: _____

Temperature: _____

All visitors must:

- Prearrange service visit with staff of the facility
- Complete the precautionary steps and sign-off on the acknowledgement form
- Remain in assigned service area

If any individual answers YES to screening questions 1-5, they will not be permitted to enter the site.

Screening Questions:

1.	Do you have any new onset (or worsening) of any of the following symptoms: cough, shortness of breath/difficulty breathing, runny nose, sore throat , chills, painful swallowing, nasal congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of smell or taste, muscle/joint aches, headache, and/or conjunctivitis (commonly known as pink eye)?	YES	NO
2.	Do you have a fever 38°C or higher?	YES	NO
3.	Have you travelled outside of Canada in the last 14 days?	YES	NO
4.	Have you had close unprotected * contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill?	YES	NO
5.	Have you had close unprotected * contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill **?	YES	NO

Proceed with the following precautionary steps provided in the visual posters:

✓	Service Provider Precautionary Steps
	Hand Hygiene (washing with soap and water and/or sanitizing with alcohol based hand rub).
	Donning (putting on) of Personal Protective Equipment (PPE) as per current CMOH Order; i.e. continuous masking (surgical/procedural masks); protective eye wear); outbreak protocols where required.
	Enhanced environmental cleaning and use of shared equipment requirements.
	Follow physical distancing guidelines.
	Provide sufficient time scheduling between clients if applicable.
	Only provide service to intended client; do not visit with other clients or staff.
	Restrict movement to necessary spaces.
	Doffing (taking off/discarding) of PPE.

By signing below I acknowledge that I have read and understand the precautionary requirements.

Service Provider Signature: _____ Date: _____

CSS Staff Signature: _____ Date: _____