

ACTIVE SCREENING FOR COVID-19/RESPIRATORY INFECTIONS

All visitors to complete this screening before beginning their visit

Screening questions:

1. Do you have a fever? (take temperature; a fever is a temperature of 37.8 °C or greater)
2. Do you have any of the following symptoms?

New or worsening cough, difficulty swallowing, chills, shortness of breath, sore throat, headache, runny nose or sneezing, nasal congestion, hoarse voice, new smell or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain, unexplained fatigue/malaise
3. Have you travelled or had close contact with anyone that has travelled in the last 14 days?
4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

If you answered no to all questions, proceed to next questions.

If you answer yes to any question, DO NOT PROCEED. Leave the area and contact the supervisor immediately.

If you develop any of the symptoms listed during your visit, end the visit immediately and contact the supervisor immediately.

1. Do you possess a negative COVID test completed within the last 2 weeks?
Date of results: _____
2. Are you aware of and agree to performing proper hand hygiene (washing/disinfecting) prior to visiting? (hand sanitizer can be used if hands are not visibly soiled and where hand washing is not available).
3. Are you aware of the requirement to wear a face covering for the visit, and have been provided instructions on donning and doffing of masks?
4. Do you possess the appropriate face covering for this visit?
5. Are you aware of, and do you agree to observe the appropriate physical distancing of 6 feet from all staff and residents?

If you agree to all of the above, please sign below, sanitize hands and proceed with the visit.

If you disagree with the above, or are not prepared to follow these protocols, you are not permitted to continue with the visit.

Print Name

Signature

Date

Location visited