

## COVID-19 SCREENING TOOL FOR PATIENTS/VISITORS

For safety reasons, we are screening everyone wishing to enter our sites for COVID-19.

### To speed up this process, you may:

- Print this form and fill it out
- Bring it with you to the hospital and show it to the screeners

Are you a: Patient \_\_\_\_ Visitor \_\_\_\_

### A. Travel Risk

1. Have you travelled outside of Canada in the past 14 days?  Yes  No
2. Have you had close contact with a confirmed case of COVID-19?  Yes  No
3. Have you been informed you are/have been COVID-19 positive?  Yes  No

### B. Acute Respiratory Illness (ARI)

4. Do you have new / worsening cough?  Yes  No
5. Do you have shortness of breath / difficulty breathing?  Yes  No
6. Have you had fever (37.8 or greater) in the last 48 hours?  Yes  No

7. Do you have: (Response is YES if 1 or more)

- |                                   |                                   |   |  |   |  |
|-----------------------------------|-----------------------------------|---|--|---|--|
| <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Chills   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Sore throat           | <input type="checkbox"/> Nausea/vomiting                | <input type="checkbox"/> Loss of sense of taste or smell |
| <input type="checkbox"/> Pink Eye | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Runny nose or nasal congestion |  |

If answered  
**NO to ALL questions**

**PASS**

If answered  
**YES to ANY questions**

**FAIL**



**Patient Message:**

Wear a mask to the hospital. Show this message to a screener at the entrance.



Perform hand hygiene.



When leaving, please exit through the same door where you entered.



**Patient Message:**

Wear a mask to the hospital. Show this message to a screener at the entrance.



Perform hand hygiene.



When leaving, please exit through the same door where you entered.



**Visitor Message:**

If you are a visitor (non-patient)  
**YOU CANNOT ENTER** the hospital.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_