niagarahealth
Extraordinary Caring. Every Person. Every Time.

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

Question	Yes	No
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 within the last 14 days (exclude patients recently visited in hospital)?	☐ Yes	☐ No
3. Have you been informed you are/have been COVID-19 positive within the last 14 days?	☐ Yes	☐ No

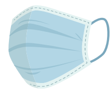
B. Acute Respiratory Illness (ARI)

Question	Yes	No
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)

☐ Fatigue	☐ Chills	☐ Headaches	☐ Sore throat	☐ Nausea/vomiting	☐ Loss of sense of taste or smell
☐ Pink Eye	☐ Diarrhea	☐ Abdominal pain	☐ Difficulty swallowing	☐ Runny nose or nasal congestion	

If answered
NO to ALL questions
PASS

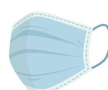


Patient Message:
Wear a mask to the hospital. Show this message to a screener at the entrance.

Perform hand hygiene.

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

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.

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

Signature: ________________________ **Date:** __________________

Updated Wednesday, Dec. 16, 2020