



COVID-19 Screening Tool

Name: _____

SCREENING CONDUCTED: Pre-visit By telephone In-Person

Date: _____

**IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELLED
OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT
PERMITTED TO ENTER THE _____ FACILITY.**

SECTION A:

Are you experiencing any of the following symptoms with unknown cause?

- | | | |
|------------------------|-----|----|
| ▪ fever | Yes | No |
| ▪ cough | Yes | No |
| ▪ shortness of breath | Yes | No |
| ▪ difficulty breathing | Yes | No |
| ▪ chills | Yes | No |

Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days?

Yes No

Have you or anyone from your household travelled outside of Canada?

Yes No

SECTION B:

If the person being screened was directed to self-quarantine for 14 days post-travel or due to exposure risk,
please indicate:

Quarantine start date: _____ Quarantine end date: _____

Date quarantine was completed: _____