

## COVID-19 Questionnaire

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

### Process:

Conduct assessments of all essential designated visitors prior entering the facility.

- Use Assessment to screen visitors and obtain a temperature reading.
- If any visitor answers **YES** to any of the screening questions, they will not be permitted to enter the facility. Visitors must be directed to self-isolate and complete the [AHS online assessment tool](#) to arrange for testing
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### COVID-19 Visitor Screening<sup>6</sup>

1.	Do you have any of the below symptoms:		
	• Fever ( <b>38.0°C</b> or higher)	<b>YES</b>	<b>NO</b>
	• Any <b>new</b> or <b>worsening</b> symptoms:		
	0 Cough	<b>YES</b>	<b>NO</b>
	0 Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
	0 Sore throat	<b>YES</b>	<b>NO</b>
	0 Runny Nose	<b>YES</b>	<b>NO</b>
	0 Feeling unwell/Fatigued	<b>YES</b>	<b>NO</b>
	0 Nausea/Vomiting/Diarrhea	<b>YES</b>	<b>NO</b>
2.	Have you, or anyone in your household travelled outside of Canada <b>in the last 14 days?</b>	<b>YES</b>	<b>NO</b>
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever <b>in the last 14 days without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19 <b>without</b> the use of appropriate PPE?	<b>YES</b>	<b>NO</b>

Name: \_\_\_\_\_ Essential Visitor: Y/N

Visiting which Resident?: \_\_\_\_\_

Item Dropped off: Y/N Describe Item: \_\_\_\_\_

Facility: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

