

Carewest Covid 19 Designated Family Support and Visitor Screening tool

If an individual answers **YES** to any of the questions, they **must not** be allowed to enter. *Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended; information on isolation requirements can be found [here](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required. **Screening Questions**

1.	Do you have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
	<input type="checkbox"/> <i>Fever*</i>	YES	NO
	<input type="checkbox"/> <i>Cough*</i>	YES	NO
	<input type="checkbox"/> <i>Shortness of breath / difficulty breathing*</i>	YES	NO
	<input type="checkbox"/> <i>Runny nose*</i>	YES	NO
	<input type="checkbox"/> <i>Sore throat*</i>	YES	NO
	<input type="checkbox"/> Chills	YES	NO
	<input type="checkbox"/> Painful swallowing	YES	NO
	<input type="checkbox"/> Nasal congestion	YES	NO
	<input type="checkbox"/> Feeling unwell / fatigued	YES	NO
	<input type="checkbox"/> Nausea / vomiting / diarrhea	YES	NO
	<input type="checkbox"/> Unexplained loss of appetite	YES	NO
	<input type="checkbox"/> Loss of sense of taste or smell	YES	NO
	<input type="checkbox"/> Muscle / joint aches	YES	NO
	<input type="checkbox"/> Headache	YES	NO
	<input type="checkbox"/> Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact ² with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Have you had close contact with an individual who has any one of the first 5 symptoms on this list () fever, cough, shortness of breath, runny nose or sore throat AND who is a close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

Ensure you understand *Safe Visiting Practices* and related site policies
(refer to [CMOH Order 16-2021 pg 12](#))

Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure)

Please initial that you have reviewed the Safe Visiting Practices for the site. _____

Contact Information (in the event of any requirements for contact tracing)

Name _____ Date of Visit _____

Phone and/or email address _____

Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

2 Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.