

Daily Screening Questionnaire for **Designated Family/Support Person and Visitor**

We require you to fill out the below questionnaire to assist in determining your fitness for visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families. As per Chief Medical Officer of Health Order 29-2020, Designated Family/Support Persons and Visitors must complete a temperature check and questionnaire prior to entering a hospice, long term care, designated supportive living or congregate living facility.

All visitors must:

- Be expected by the site by prearranging visits with the facility manager. Sign in and out. Document arrival and exit times
- Complete hand hygiene (wash for 30 sec and/or use hand sanitizer) Wear a mask provided by the site
- Remain in the Resident's room or designated visit space. Visitation with other residents is not permitted.

Printed Name: _____ Signature: _____ Date: _____

Phone Number: _____ Name of Resident Visiting: _____

SCREENING – TO DETERMINE IF DESIGNATED FAMILY/SUPPORT PERSON AND VISITOR MAY ENTER TODAY

1.	Do you have any of the following symptoms?		
	<ul style="list-style-type: none"> • Fever (38°C or higher) TEMP: _____ 	Yes	No
	Any New or Worsening symptoms:		
	<ul style="list-style-type: none"> • cough 	Yes	No
	<ul style="list-style-type: none"> • shortness of breath/ difficulty breathing 	Yes	No
	<ul style="list-style-type: none"> • sore throat or painful swallowing 	Yes	No
	<ul style="list-style-type: none"> • chills 	Yes	No
	<ul style="list-style-type: none"> • runny nose/nasal congestion 	Yes	No
	<ul style="list-style-type: none"> • headache 	Yes	No
	<ul style="list-style-type: none"> • muscle/joint aches 	Yes	No
	<ul style="list-style-type: none"> • feeling unwell/ fatigued or severe exhaustion 	Yes	No
	<ul style="list-style-type: none"> • nausea/vomiting/diarrhea or unexplained loss of appetite 	Yes	No
	<ul style="list-style-type: none"> • conjunctivitis (commonly known as Pink Eye) 	Yes	No
	<ul style="list-style-type: none"> • loss of sense of smell or taste 	Yes	No
2.	Have you travelled outside of Canada in the last 14 days?	Yes	No
3.	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill?	Yes	No
4.	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill?	Yes	No
5.	Have you been in close unprotected* contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	Yes	No
6.	Have you assessed your risk of unknown exposure based on your last two weeks of activity (Refer to Risk of Unknown Exposure Assessment, CMOH Order 29-2020)?	Yes	No
7.	Do you understand Safe Visiting Practices and related site policies? (Refer to CMOH Order 29-2020)?	Yes	No

* 'Unprotected' means close contact without appropriate Personal Protective Equipment in place.

** 'ill' means someone with COVID-19 symptoms on the list above.

- If any individual answers **YES** to screening questions 1-5, please **DO NOT** enter at this time.
- If you have answered **NO** to questions 1-5 and have answered **YES** to question 6-7, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.
- If any individual answers **NO** to screening questions 6-7, they will work with the facility to understand their responsibilities before being permitted to enter the site. An RN/Manager will meet with the individual to discuss.

RN/Manager Follow-up Notes:

RN/Manager Signature: _____

Date: _____

Updated September 28, 2020