Daily Screening Questionnaire for Designated Family/Support Person, Visitor and Volunteer

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 16-2021, Designated Family/Support Persons, Visitors and Volunteers 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. Maintain physical distance from other visitors and residents.

Printed Name:_____ Signature:_____ Date: _____

Phone Number:_____ Name of Resident Visiting:_____

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

1.	Do you have any **NEW ONSET or WORSENING** of any of the following symptoms:		
	• *** Fever** (38º C or higher) **TEMP:**_____	Yes	No
	• *** Cough**	Yes	No
	• *** Shortness of breath/ difficulty breathing**	Yes	No
	• *** Runny nose**	Yes	No
	• *** Sore throat**	Yes	No
	• Chills	Yes	No
	• Painful swallowing	Yes	No
	• Nasal congestion	Yes	No
	• Feeling unwell/ fatigue headache	Yes	No
	• Nausea/vomiting/diarrhea	Yes	No
	• Unexplained loss of appetite	Yes	No
	• Loss of sense of smell or taste	Yes	No
	• Muscle/joint aches	Yes	No
	• 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 (face-to-face contact within 2 meters/6 feet) 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
5.	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 16-2021)?	Yes	No
6.	Do you understand Safe Visiting Practices and related site policies? (Refer to CMOH Order 16-2021)	Yes	No

- If any individual answers **YES** to screening questions 1-4, please **DO NOT** enter at this time. 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. For all other symptoms, use the AHS Online Assessment Tool to determine if testing is recommended.
- If you have answered **NO** to questions 1-4 and have answered **YES** to question 5-6, 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 5-6, they will work with the facility to understand their responsibilities before being permitted to enter the site. An RN/Manager/Designate will meet with the individual to discuss.

RN/Manager/Designate Follow-up Notes:

RN/Manager/Designate Signature:_____ **Date:**_____