



# RESIDENTIAL VISITOR SCREENING FOR COVID-19

Staff are to wear a gloves, face sheild and mask to screen the visitor. Call Manager or On-Call for direction if needed.

Name of Visitor: \_\_\_\_\_

Location of visit: \_\_\_\_\_

Client visited: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Departure time: \_\_\_\_\_

Part A - A temperature above 37.8 Celsius or any symptom prohibits a visit Visitors temperature?	Start of Visit	End of Visit

**If 37.8 degrees Celsius or above immediately call a manager or oncall. The visit must not occur.**

**Ask if they are experiencing any of these symptoms? Check any/all that apply.**

chills	<input type="radio"/>	<input type="radio"/>
cough that's new or worsening <i>(Continuous, more than usual)</i>	<input type="radio"/>	<input type="radio"/>
barking cough, making a squeaky or whistling noise when breathing	<input type="radio"/>	<input type="radio"/>
shortness of breath <i>(out of breath, unable to breath deeply)</i>	<input type="radio"/>	<input type="radio"/>
sore throat	<input type="radio"/>	<input type="radio"/>
difficulty swallowing	<input type="radio"/>	<input type="radio"/>
hoarse voice <i>(more rough or harsh than normal)</i>	<input type="radio"/>	<input type="radio"/>
runny nose or nasal congestion wihtout other known cause	<input type="radio"/>	<input type="radio"/>
Pink eye (conjunctivitis)	<input type="radio"/>	<input type="radio"/>
lost sense of taste or smell	<input type="radio"/>	<input type="radio"/>
headache	<input type="radio"/>	<input type="radio"/>
digestive issues <i>(nausea/vomiting, diarrhea, stomach pain)</i>	<input type="radio"/>	<input type="radio"/>
Unexplained fatigue/ malaise/ muscle aches	<input type="radio"/>	<input type="radio"/>
falling down more than usual	<input type="radio"/>	<input type="radio"/>

**Part B - Any Yes prohibits a visit**

In the last 14 days, have you travelled to or returned from a destination outside of Canada? Yes \_\_\_ No \_\_\_

In the last 14 days, have you had close contact with someone who has or is suspected of having COVID-19? Yes \_\_\_ No \_\_\_

In the last 14 days have you had a COVID-19 test that had a positive result? Yes \_\_\_ No \_\_\_

**Part C - staff are to confirm with the visitor - Any no answer prohibits the visit.**

Understand that failure to follow the protocols will end the visit and prohibit future visits. Yes \_\_\_ No \_\_\_

Understand that staff must be present and maintain visual contact throughout the visit? Yes \_\_\_ No \_\_\_

Agree to maintan a social distance of 2 meters at all times. Yes \_\_\_ No \_\_\_

Agree to perform hand hygiene before donning PPE and prior to leaving. Yes \_\_\_ No \_\_\_

Have read How to Safely Wear and Take Off a Cloth Face Covering . Yes \_\_\_ No \_\_\_

Agree to provide and wear a mask at all times during the visit? Yes \_\_\_ No \_\_\_

Note any concerns or issues during the visit : \_\_\_\_\_

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date