

COVID-19 VISITOR Screening Document

Screening Question

Q1: Did the person travel outside of Canada in the past 14 days?

Q2: Has the person tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

Q3: Does the person have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause

Q4: If the person is 70 years of age or older, are they experiencing any of the following symptoms?

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions

Q5: Can you verbally attest that you have been tested for COVID-19 within the previous two weeks and that test is negative?