

Visitor COVID-19 Active Screening Tool v.7

Based on Public Health, MCCSS, the Ministry of Health & Ontario's Medical Officer of Health Directive #3 Aug 30, 2021
 This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

On the same day as a scheduled visit, prior to arriving for the visit, all visitors to a person-served must be screened by Sunbeam staff over the phone. Ask the visitor the following questions, document their answers on this form, and retain for filing.

1. Do you have any of the following symptoms or signs (that are different or worse than your normal health)?

New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CHILDREN ONLY (less than 18 years old): Nausea, vomiting, and/or diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No ADULTS ONLY (over 18 years old): Unexplained fatigue, lethargy, malaise, and/or muscle aches <input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If you answered "Yes" to any of the above, go to SCREENING RESULTS. If you answered "No" to all of the above, go to question 2.

2. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements? Effective July 5, 2021, fully vaccinated Canadians may be exempt from post-travel COVID-19 quarantine restrictions.
 Yes – go to SCREENING RESULTS No

3. Do you have a fever? (fever is considered at 37.8°C/100°F or higher)
 Yes – go to SCREENING RESULTS No

Be advised that staff will take your temperature just prior to your visit, and at the end of your visit.

Temperature	Start of visit temp: Time:	Initials	End of visit temp: Time:	Initials
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4. Has a health care provider or public health unit told you that you should be self-isolating?
 Yes – go to SCREENING RESULTS No

5. If you had close contact with a suspected or confirmed case of COVID-19, did you wear the recommended PPE according to the type of duties you were performing (ie. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures)?
 Yes No – go to SCREENING RESULTS

6. A. Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks?
 Yes No – go to SCREENING RESULTS

B. Are you following these recommendations and restrictions regularly outside the setting you are seeking to enter?
 Yes No – go to SCREENING RESULTS

SCREENING RESULTS:

- _____ If the visitor answered "NO" to questions 1 through 4, and "YES" to questions 5, 6A & 6B, the visit may proceed as planned.
- _____ If the visitor answered "YES" to any question from 1 through 4, they have not passed screening and the visit will not occur. If they are experiencing symptoms of COVID-19, they can contact their physician or Telehealth Ontario at 1-866-797-0000.
- _____ If the visitor answered "NO" to question 5, they have not passed screening & the visit will not occur.
- _____ If the visitor answered "NO" to question 6A, direct them to Ontario's COVID-19 website:
<https://www.ontario.ca/page/reopening-ontario>
- _____ If the visitor answered "NO" to question 6B, they have not passed screening & the visit will not occur x 48 hours.

Screener Name _____	Signature _____
Name of Screened Visitor _____	Visitor Signature * _____
Date and Time of Screening _____	Person-Served being visited _____

* By signing this screening document, I (as a visitor) attest to the accuracy of my responses as recorded above.

This document must be retained on file once completed.