

## Pre-Visit Screening Tool

1. Have you been directed by public health to self-isolate?
2. Do you or does anyone in your home have any of the following symptoms (even mild)?
  - Fever or chills
  - New or worsening cough
  - Shortness of breath or difficulty breathing
  - Sore throat or painful swallowing
  - New muscle aches or pains
  - Runny or stuffy nose
  - Nausea, vomiting or diarrhea
3. Has anyone in your household returned from outside the country (including USA) in the past 14 days?
4. In the past 14 days, did you have *close contact\** with a person who has or is suspected of having COVID-19?
5. In the past 14 days, did your child have *close contact\** with a person who has or is suspected of having COVID-19?
6. Within 14 days of your close contact with them, did anyone start showing signs of acute respiratory (breathing) illness?

IF THE ANSWER IS **YES** TO ANY OF THESE QUESTIONS, THE VISIT MUST NOT TAKE PLACE. PLEASE RESCHEDULE THE APPOINTMENT ONCE THE CLIENT HAS NO SYMPTOMS AND/OR HAS ISOLATED FOR 14 DAYS.

\**Close contact* is defined as *any* of the following:

- Providing care
- Living with
- Having prolonged contact (within 2 metres)
- Having contact bodily fluids (e.g. from cough or sneeze)

### Sources:

Alberta Health Services. (2020). *Novel Coronavirus (COVID-19) Guidance – Daily Fit for Work or Visitor Screening Questionnaire*. Downloaded June 12, 2020 from:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-questionnaire.pdf>

Ontario Ministry of Health. (2020). *COVID-19 Patient Screening Guidance Document*. Downloaded June 12, 2020 from:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_patient\\_screening\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf)

Province of British Columbia. (2020) *BC COVID-19 Self-Assessment Tool*. Downloaded June 12, 2020 from: <https://bc.thrive.health/covid19/en>

