

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 new or worsening symptoms (even mild)?
 - Fever or chills
 - New or worsening cough
 - Loss of sense of smell or taste
 - Shortness of breath or difficulty breathing
 - Sore throat or painful swallowing
 - Loss of appetite
 - Extreme fatigue or tiredness
 - Headache
 - New body aches or pains
 - Nausea, vomiting
 - 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:

Worksafe BC (2020) Keep our workplace safe from Covid-19 <https://www.worksafefbc.com/en/resources/health-safety/posters/help-prevent-spread-covid-19-entry-check-visitors?lang=en>
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