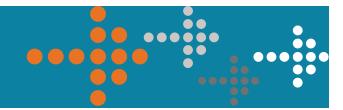
COVID-19 Screening Tool



Name (Print): _____ Department: _____

In-Person	(Yes/No):
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_____ Telephone Call (Yes/No): _____

Date: _____

_____ Time In: _____

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER THE _____ _____ FACILITY.

SECTION A: Are you experiencing any of the following symptoms with unknown cause?				
• Fever	🗆 Yes 🗆 No	, , , , , , , , , , , , , , , , , , ,		
• Cough	🗆 Yes 🗆 No	investigation for, COVID-19 in the last 14 days? \Box Yes \Box No		
 Shortness of breath 	🗆 Yes 🗆 No			
 Difficulty breathing 	🗆 Yes 🗆 No	with acute respiratory Illness or travelled outside of Ontario in the past 14 days?		
 Loss of taste or smell 	🗆 Yes 🗆 No			
• Chills	🗆 Yes 🗆 No			

OFFICE USE ONLY				
In-person, the person being screened was:				
Unfit to work and sent home	🗆 Yes 🗖 No			
Sent back to work	🗆 Yes 🗖 No			
 Referred to a doctor or Public Health with benefit forms (if applicable) 	🗆 Yes 🗖 No			
On the telephone, the person being screened was:				
 Instructed to stay or remain at home 	🗆 Yes 🗖 No			
• Referred to go see a doctor or Public Health and sent benefit forms (if applicable)	🗆 Yes 🗖 No			
Advised they can come to work	🗆 Yes 🗳 No			

SECTION B:

If the person being screened was directed to self-quarantine for 14 days post-travel/exposure risk, indicate the start date: $\frac{dd}{dm} / \frac{mm}{y}$ and the end date: $\frac{dd}{dm} / \frac{mm}{y}$. Date Quarantine was completed: <u>dd</u> / <u>mm</u> / <u>yy</u>.





IF YOU ARE BEING REFERRED TO PUBLIC HEALTH FROM THIS SCREENING, CONTACT THE PUBLIC HEALTH DEPARTMENT FOR YOUR AREA OR TELEHEALTH ONTARIO AT 1-800-797-0000 (FOR THOSE IN ONTARIO).

Facility Representative or H&S Designate: _____ Date: ____ Date: _____ Date: _

Please contact your office/clinic H&S Designate for assistance.

Reference: Centers for Disease Control and Prevention website https://www.cdc.gov/

Version Date: March 15, 2020 For further information on COVID-19, refer to the

Public Health Agency of Canada https://www.canada.ca/coronavirus

May 28, 2020

Government of Ontario Self Assessment: <u>covid-19.ontario.ca/self-assessment/</u> Public Health Ontario COVID-19 Information: 1-877-604-4567 Public Services Health and Safety Association: 1-877-250-7444



Ontario Chiropractic Association