

---

## COVID-19 SCREENING TOOL FOR VISITORS

Date: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Individual or Family Name: \_\_\_\_\_

Purpose of Visit:  Adoption  Admissions  Protection  Working Interview

**If the visitor(s) answers yes to any of these questions, they must reschedule their visit to CHS**

---

### SYMPTOMS

- 
1. Do you have any of the following symptoms that have developed in the last 10 days and are new or worsening?  Yes  No
- Fever
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - Sore throat
  - Runny nose
  - Vomiting and/or diarrhea in the last 48 hours
  - Any other symptoms of illness

---

### COVID-19 EXPOSURE AND TESTING

- 
2. Have you tested positive for COVID-19 in the last 14 days or are you awaiting COVID-19 test results due to symptoms?  Yes  No
3. Have you had close contact (face to face contact within 2 metres/6 feet) in the last 14 days with someone who is ill or is experiencing one or more symptoms listed in question 1?  Yes  No
4. Have you been in close contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?  Yes  No
5. Have you been instructed to quarantine in the last 14 days?  Yes  No
-