

**COVID-19 SCREENING TOOL -  
PATIENT &  
PARENT/CAREGIVER/SUPPORT PERSON  
DOCUMENT TYPE: FORM**

Patient label

PARENT/CAREGIVER/SUPPORT PERSON NAME(S):	P/C/SP 1	P/C/SP 2
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*This form must remain on the patient's medical record*

**PURPOSE:** Active screening for COVID-19 is now in place. Early identification of cases is vital to prevent transmission of infection in health care settings. This form is used to screen all ambulatory patients and their parent/caregiver/support person (P/C/SP) for signs of infection and self-isolation.

Legend:			COVID-19 Symptoms:															Self-Isolation:			HCP / MRP Notified	COVID-19 Suspected	COVID-19 Swab Sent (MRP Order Required)	Initials
N (no)	Y (yes)	U (unable to assess)	<b>Screening:</b> In the last 10 days, has the patient or P/C/SP had any of the following symptoms?  <b>Subsequent Screening:</b> Is the patient or P/C/SP experiencing any new or worsening symptoms?															Has the patient or P/C/SP been instructed to self-isolate in the last 14 days for any of the following reasons:						
N/A (not applicable)			Fever	New or worsening cough	Shortness of breath	Runny nose	Nasal congestion	Loss of sense of smell	Sore throat	Painful swallowing	Headache	Muscle aches	Fatigue	Loss of appetite	Chills	Vomiting	Diarrhea	NONE (no symptoms)	Travel outside Canada	Contact w/ person suspected or known to have COVID-19	Been tested for COVID-19 and results are pending			
Date	Time																							
mm/dd/yyyy	0000																							
PATIENT																								
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**Version History**

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
18-Jun-2020	C-0506-06-60681 COVID-19 Screening Tool – Patient & Parent/Caregiver/Support Person	Developed by CW COVID Response Working Group; Approved by Professional Practice Director
21-Jul-2020	“	Updated; Approved by Professional Practice Director

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