

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

Patient label

PARENT/CAREGIVER/SUPPORT PERSON NAME:

*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 parent/caregiver/support person (P/C/SP) for signs of infection and self-isolation.**

Legend:		COVID-19 Symptoms:															Self-Isolation:							
N (no)	Y (yes)	<b>*Initial Screening:</b>															Has the P/C/SP been instructed to self-isolate in the last 14 days for any of the following reasons:	HCP / MRP Notified	COVID-19 Suspected	COVID-19 Swab Sent (MRP Order Required)	Initials			
		In the last 10 days, has the P/C/SP had any of the following symptoms?																						
U (unable to assess)	N/A (not applicable)	<b>Subsequent Screening:</b>																						
		Is the P/C/SP experiencing any new or worsening symptoms?																						
Date mm/dd/yyyy	Time 0000	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				
*Initial Screening																								

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**Version History**

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
18-Jun-2020	C-0506-06-60683 COVID-19 Screening Tool – 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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