

COVID-19 SCREENING TOOL

Name: _____

Date: _____

Time: _____

Screeener: _____

Greet everyone into the building with a friendly, calm and reassuring manner:

Good Morning/Afternoon! As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone entering the building to ensure the safety and well-being of the people we support and our employees.

Screening Questions:

1. Do you have any of the following symptoms: Fever/Feverish, New or Existing Cough and/or Difficulty Breathing?
YES
NO
2. Have you travelled internationally within the last 14 days (outside Canada)?
YES
NO
3. Have you had close contact with a confirmed or probable COVID-19 case?
YES
NO
4. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?
YES
NO

How to Respond:

If the person answers **NO** to all questions, they have passed the screening and can enter the building:

“You are cleared to enter the building. Please use the hand sanitizer before you go. Thank you for your patience and enjoy the rest of your day.”

If the person answers **YES** to any of the Screening Questions, or refuses to answer, then they have failed the screening and cannot enter the building.

For visitors, vendors, volunteers:

“I’m sorry but based on these answers I’m not able to let you enter the building today. Please contact the North Bay Parry Sound District Health Unit at 1-800-563-2808 or Telehealth Ontario at 1-866-797-0000 for further instruction.”

For employees:

“I’m sorry but based on these answers I’m not able to let you enter the building today. Please contact your Supervisor, Manager or Director to let them know and follow their instructions.”