

LTCF COVID-19 VISITOR ASSESSMENT FORM

Date: July 9, 2020

ALL VISITORS TO LONG-TERM (LTC) CARE FACILITIES MUST BE SCREENED PRIOR TO THEIR VISIT.

1. Take temperature of each visitor prior to entering the LTC facility:

- a. If **37.9 degrees C or LESS**, proceed to question # 2.
- b. If **38.0 degrees C or ABOVE**, recommend visitor see their care provider.
Visitor to self-isolate at home until seen by care provider.

2. Ask if visitor is experiencing any of the following symptoms (**new or worsening**):

- Loss of taste/smell Yes No
- Loss of appetite Yes No
- Fatigue Yes No
- Fever Yes No
- New or worsening cough Yes No
- Stuffy or runny nose Yes No
- Sore throat or painful swallowing Yes No
- Difficulty breathing Yes No
- Nausea and/or vomiting Yes No
- Muscle aches Yes No
- Chills Yes No
- Headache Yes No

- a. If **YES to any of these symptoms**, do not proceed with visit, recommend visitor see their care provider.
- b. If **NO** proceed to *remaining questions*.

3. Have you travelled outside of Canada - including the United States within the last 14 days?

- Yes No

4. Have you been in close contact with someone who has COVID-19 within the last 14 days?

- Yes No

5. Have you been in close contact with someone who has COVID-19 symptoms with in the last 14 days?
(see list above)

- Yes No

6. Have you been told to self-isolate in accordance with Public Health directives?

- Yes No

If **YES** to any of the above questions, do not proceed with planned visit.

If **NO** proceed with planned visit.