

COVID-19 Screening Form

Name: _____

Date: _____

STOP
DO NOT ENTER UNTIL YOU HAVE COMPLETED THIS
SCREENING FORM.
AFTER COMPLETING THE FORM, SANITIZE HANDS
BEFORE ENTERING.

SYMPTOMS: Assess all patients for signs and symptoms of influenza like illness (FLU) (fever plus one or more of the following).		
	YES	NO
Fever		
Shivering, chills		
Dry cough (runny nose, with sore throat, or cough)		
Difficulty breathing		
Diarrhea		
Vomiting		
Headache		
Nasal congestion		
General aches/pains, lethargy or fatigue		
If the employee/visitor answers YES to two (2) or more of the above questions: NO ADMITTANCE		
RISK FACTORS: Please answer the following questions.		
	YES	NO
Have you had contact with a person with or under investigation for influenza like illness (FLU) in the last fourteen (14) days?		
Have you been to a Restricted Travel country in the last fourteen (14) days?		
If the employee/visitor answers YES to one (1) of the above questions: NO ADMITTANCE		

	YES	NO
Temperature _____		
(at or above 38 degrees C)		

1. If the employee does not have a temperature at or above 38 C, no abnormal clinical signs and answered NO to the first two (2) circumstantial questions, he/she may report to work.
2. If the employee has had contact with a person with or under investigation for influenza like illness (FLU) in the last fourteen (14) days, instruct the employee to contact www.HealthLinkBC.ca or call 811.