

Covid-19 Screening Tool

Please complete this section

Name (Print): _____

Date: _____ Time In: _____

IF YOU OR ANY MEMEBERS OF YOUR HOUSEHOLD HAVE TRAVELED OUTSIDE OF CANADA WITHIN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER Superior Chiropractic FACILITY.

SECTION A: Are you experiencing any of the following symptoms with unknown cause ?			
• Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any contact with any person with, or under investigation for COVID-19 in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or anyone from your household travelled outside of Canada in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

OFFICE USE ONLY		
In-person, the person being screened was:		
• Unfit to work and sent home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Sent back to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Referred to a doctor or Public Health with benefit forms (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On the telephone, the person being screened was:		
• Instructed to stay or remain at home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Referred to go see a doctor or Public Health and sent benefit forms (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Advised they can come to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION B
If the person being screened was directed to self-quarantine for 14 days post-travel/exposure risk, indicate the start date: ____ / ____ / ____ and the end date: ____ / ____ / ____
Date quarantine was completed: ____ / ____ / ____