



COVID-19 SCREENING CHECKLIST

Revised Dec 4, 2020

Location:	
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SCRIPT: Please be advised that effective Dec 4, 2020, MCCSS has expanded the active screening process. Due to risks to vulnerable populations, please listen carefully and answer truthfully.

INSTRUCTIONS: If all responses land on unmarked areas, tell them “You’re cleared to enter the location. Please use the hand sanitizer and sign in (if entering premises)”. If person’s response lands on marked areas, tell them “I’m sorry but based on these answers, I’m not able to let you enter the location at this point. I will be notifying the Supervisor/On Call Supervisor to contact you for further instructions.”

	Name:					
Date:						
Time:						
Are you aware of the recommendation and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks and are you following these recommendation and restrictions regularly outside of this location that you are seeking to enter?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you travelled outside of Canada in the past 14 days?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Within the last 14 days, have you tested positive for COVID-19 or had close contact with someone who has confirmed case of COVID-19 without wearing appropriate PPE?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you awaiting COVID-19 test results, been in close contact with someone awaiting COVID-19 testing results or have been directed to seek testing for COVID-19?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any of the following symptoms: •fever, •new onset of cough, worsening chronic cough, •shortness of breath, •difficulty breathing, •sore throat, •difficulty swallowing, •decrease of loss of sense of taste or smell, •chills, •headaches, unexplained fatigue/ malaise/muscle aches, •nausea/vomiting, diarrhea, abdominal pain, •pink eye, •runny nose or nasal congestion	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you understand that as a staff, you are expected to properly put on your PPE and wear it at all times during your shift with the exception of when you are eating?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Please remember that interacting with colleagues outside of work without face coverings and physical distancing raises the risk of COVID-19 transmission. Do you acknowledge that as a staff, you are expected to maintain a distance of 2 metres/6 feet from others any time your PPE is removed?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Initials of screener:						