

Must be completed before entering Bethell Hospice
COVID-19 Respiratory Infection Screener

Recommended best practice is to screen prior to each visit where possible.

PART A: Symptoms

1. Do you or anyone in your household have new/worse cough or shortness of breath?	Yes ____ No ____
2. Are you feeling feverish, or have you had shakes or chills in the last 24 hours (>38 degrees Celsius)?	Yes ____ No ____
3. Do you have any of the following: sore throat, difficulty swallowing, runny or stuffy nose, loss of taste or smell, pink eye, headaches, digestive issues, muscle aches or extreme tiredness?	Yes ____ No ____

PART B: Travel/Contact

4. Have you traveled in the last 14 days outside of Canada?	Yes ____ No ____
5. Have you had close contact with a confirmed or probable case of someone with novel coronavirus (COVID-19)?	Yes ____ No ____
6. Have you had close contact with a person with acute respiratory illness who has been outside of Canada in the past 14 days?	Yes ____ No ____

WHAT TO DO:

Part A = Yes Part B = No	If answered ' Yes ' to one or both questions in Part A but ' No ' to all travel/contact questions in part B, proceed with respiratory illness precautions and PLEASE DELAY YOUR VISIT till you are feeling better.
	You cannot enter Bethell at this time

NAME: _____

DATE: _____

Signature: _____

PHONE NUMBER: _____

Please hand in this Screening Form to the Reception Volunteer

Last Update: June 8, 2020 **Visitor** _____ **Volunteer** _____ **Staff** _____ (check one)