



TBPS VISITOR PANDEMIC SCREENING TOOL

NOTE: This tool must be completed by all visitors prior to building entry and/or prior to property pick-up (Property and Stores). Due to the ongoing pandemic, and in accordance with public health recommendations, TBPS continues active screening of all visitors for potential risks of COVID-19 to ensure the safety and well-being of everyone.

Name _____ Temperature _____

Date _____ Reason _____

1. Do you have any of the following **new or worsening** symptoms or signs?
Symptoms should not be chronic or related to other known causes or conditions.

- | | |
|---|--|
| Fever or chills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sore throat, trouble swallowing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Runny nose/stuffy nose or nasal congestion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Decrease or loss of smell or taste | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nausea, vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Not feeling well, extreme tiredness, sore muscles | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Have you travelled outside of Canada in the past 14 days?
 Yes No

3. Have you had close contact with a confirmed or probable case of COVID-19
 Yes No

(If the person is 65 years of age or older)

Are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?
 Yes No

If response to ALL of the screening questions is NO ..COVID Screen Negative
 If response to ANY of the screening questions is YES COVID Screen Positive

IF VISITOR SCREENS POSITIVE, THEY SHALL BE REFUSED ENTRY AND RECOMMENDED TO SELF ISOLATE.

