



# TBPS VISITOR PANDEMIC SCREENING TOOL

NOTE: This tool must be completed in the lobby prior to entry. The COVID-19 pandemic continues to evolve. Given this, TBPS are conducting active screening for potential risks of COVID-19 with all persons entering police facilities to ensure the safety and well-being of everyone.

Name \_\_\_\_\_ Temperature \_\_\_\_\_

Date \_\_\_\_\_ Reason \_\_\_\_\_

(Symptoms subject to review)

Do you have a fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?  Yes  No  N/A

Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?  Yes  No

Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?  Yes  No

Do you have two (2) or more of the following symptoms:  Yes  No

(Check all that apply)

- Sore throat
- Hoarse voice
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise
- Diarrhea
- Abdominal pain
- Nausea/vomiting
- Pink eye (conjunctivitis)
- Runny nose/sneezing without other known cause
- Nasal congestion without other known cause

**(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.**