Facilities must have security staff or a greeter to conduct this screening and verify the visitor as the designate.

Limitations have been placed on visitation in these settings. Exceptions allow for designated visitors as per CMOH Order 14-2020. Each designated essential visitor must be verified and undergo a health screening prior to entering the facility. This includes a temperature check and a questionnaire.

All visitors must:
- Be expected by the site by prearranging visits with the facility manager.
- Sign in and out. Document arrival and exit times (if entering the building).
- Complete hand hygiene and wear a mask provided by the site.
- Be escorted by site staff to the Resident’s room or to the outdoor space (if not accessible without entry to the building) and remain in the Resident’s room or outdoor space. Visitation with other residents is not permitted.

SCREENING – TO DETERMINE IF DESIGNATED ESSENTIAL VISITORS MAY ENTER TODAY

1. Do you have any of the below symptoms:  
   • Fever (over 38°Celsius under age 70; over 37°Celsius over age 70)  
   • Cough  
   • Shortness of Breath/Difficulty Breathing  
   • Sore throat/Painful swallowing  
   • Runny Nose/Stuffy Nose  
   • Chills  
   • Headache  
   • Muscle/Joint Aches  
   • Feeling unwell/Fatigued/Severe Exhaustion  
   • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite  
   • Loss of Sense of Smell or Taste  
   • Conjunctivitis

   CIRCLE ONE   YES  NO

2. Are you immunocompromised?  
   YES  NO

3. Have you, or anyone in your household travelled outside of Canada in the last 14 days?  
   YES  NO

4. Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE?  
   YES  NO

5. Have you had close contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE?  
   YES  NO

6. Have you had laboratory exposure while working with specimens known to contain COVID-19?  
   YES  NO

7. Are you on self-isolation for COVID-19?  
   YES  NO

8. Are you being tested for, or have you tested positive for, COVID-19?  
   YES  NO

If you have answered “Yes” to any of the above questions, please DO NOT enter at this time.
If you have answered “No” to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.
Our goal is to minimize the risk of infection to our residents and staff, thank you for your understanding and cooperation.

Name ____________________________  Signature ____________________________
Date ____________________________