Alberta Health Services

Continuing Care
Communicable Disease Screening

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X)		

Individuals receiving continuing care services or residing in a continuing care home Type B are required to complete this checklist as clinically indicated *(when you have symptoms or feel unwell)*. Ask your caregiver for assistance to complete the form if needed.

Please give the form to your caregiver. Documentation of screening **MUST** be kept in your health record.

Any individual living in a continuing care home with a confirmed communicable disease must follow appropriate precautions to minimize risk of spread to others in the home.

1. Have you had any known close contact* with a confirmed case of a communicable disease in the last 10 days?
   - ☐ No
   - ☐ Yes, when did you last have contact? _____

2. Have you tested positive for a communicable disease?
   - ☐ No
   - ☐ Yes, When? _____

   Name of communicable disease *(i.e. Influenza, COVID-19, Norovirus)* _____

3. Have you sought medical attention?
   - If this is urgent, please call 911 for immediate assistance

Use https://myhealth.alberta.ca/topic/Immunization/Pages/respiratory-illness.aspx to determine next steps. Follow information on isolation recommendations found here: COVID-19 info for Albertans | Alberta.ca

Indicate presence of symptom(s) by placing check marks ✓ in "Yes" or "No" boxes

Symptom	Yes	No	Symptom	Yes	No
Fever			New rash		
Cough			Feeling unwell/fatigued/severe exhaustion		
Shortness of breath/difficulty breathing			Nausea/vomiting/diarrhea		
Runny nose			Loss of sense of taste or smell		
Sore throat			How long have you had these symptoms?		

Completed By	Signature	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*

** **Close Contact** means any person suspected to have been exposed to an infected person or a contaminated environment to a sufficient degree to have had the opportunity to become infected or colonized with an organism.*