

Visitor Screening Tool

Facility: _____ Facility Number: _____

Date: _____ Time: _____

Visitor Name: _____

Resident being visited: _____

The screener will ask the visitor the questions below and record responses. If the visitor answers YES to any of the questions, the visit is denied.

Screening Questions:

Health Status	Yes	No
1. Sudden onset of NEW cough or change to existing cough?		
2. a) Do you have a fever of 38 degrees Celsius or greater? NOTE: Homes with an infrared (IR) thermometer that does not contact skin or mucous membrane, or a disposable thermometer, should validate this information by taking the individual's temperature.		
b) Are you taking any medications that may affect temperature (e.g., Tylenol)?		
3. Do you have a sore throat?		
4. Shortness of breath or difficulty breathing, or a deterioration in respiratory condition? Any unusual diarrhea or vomiting?		
Contacts	Yes	No
5. Have you travelled anywhere there is a known outbreak or been in contact with someone with an infectious illness?		
6. Do you live with or have had close or prolonged contact (within 2 meters/ 6 feet) with someone who is confirmed or suspected of probable/ COVID-19 in the past 14 days? Symptoms may include ill with fever/ cough, influenza-like symptoms or gastric symptoms.		

Visit granted _____ Visit denied _____

Visitor Signature: _____

Screener Initials: _____

Daily Visitor Log

Date: _____

Facility Name: _____
