

## GSC Care Home Screening Questionnaire

### 1. EMPLOYEES/PHYSICIANS/CONTRACTORS

We require you to fill out the below questionnaire to assist GSC in determining your fitness to work and to provide your consent in having GSC test and record your temperature. Ensure that at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

### 2. VISITORS

Each designated essential visitor must be verified and undergo a health screening prior to entering the care home. This includes a temperature check and a questionnaire. All visitors must schedule visits whenever possible and adhere to the following:

- Sign in and out, documenting their contact information, and arrival and exit times
- Complete hand hygiene and wear a mask
- Be escorted by care home employee to the designated space, and remain there for the duration of the visit
- Visitation in public spaces or with other residents is not permitted

1.	Do you have any of the below symptoms:	<b>CIRCLE ONE</b>	
	• Fever (over 38 degrees Celsius or higher)	<b>YES</b>	<b>NO</b>
	Any <b>NEW</b> or <b>WORSENING</b> Symptoms:	<b>YES</b>	<b>NO</b>
	• Cough	<b>YES</b>	<b>NO</b>
	• Shortness of Breath / Difficulty Breathing	<b>YES</b>	<b>NO</b>
	• Sore throat	<b>YES</b>	<b>NO</b>
	• Chills	<b>YES</b>	<b>NO</b>
	• Painful Swallowing	<b>YES</b>	<b>NO</b>
	• Runny or Stuffy Nose	<b>YES</b>	<b>NO</b>
	• Feeling Unwell / Fatigue	<b>YES</b>	<b>NO</b>
	• Nausea / Vomiting / Diarrhea	<b>YES</b>	<b>NO</b>
	• Unexplained Loss of Appetite	<b>YES</b>	<b>NO</b>
	• Muscle / Joint Ache	<b>YES</b>	<b>NO</b>
	• Headache	<b>YES</b>	<b>NO</b>
	• Loss of Sense of Smell or Taste	<b>YES</b>	<b>NO</b>
	• Conjunctivitis (commonly known as pink eye)	<b>YES</b>	<b>NO</b>
2.	Have you travelled outside of Canada in the last 14 days?	<b>YES</b>	<b>NO</b>
3.	Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	<b>YES</b>	<b>NO</b>
4.	Have you had close unprotected* contact (face-to-face contact within 2 metres/6 feet) with someone who is ill**?	<b>YES</b>	<b>NO</b>
5.	Have you had close unprotected* contact <b>in the last 14 days</b> with someone who is being investigated or confirmed to be a case of COVID-19?	<b>YES</b>	<b>NO</b>
6.	Are you being tested for or have you tested positive for COVID-19?	<b>YES</b>	<b>NO</b>

If any visitor, contractor or physician answers YES to screening questions 1-6, they will NOT be permitted to enter the site. These individuals need to self-isolate and must be directed to HealthLink (811) for direction.

If any employee answer YES to screening questions 1, they will NOT be permitted to enter the site. These employees need to self-isolate and contact a COVID-19 test site in their area to arrange for testing. If any employee answers YES to screening questions 2-6, they will NOT be permitted to enter the site. These individuals need to self-isolate and must be directed to HealthLink (811) for direction.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Designated Screening Person to Validate Below:*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* 'unprotected' means close contact without appropriate personal protective equipment.

\*\* 'ill' means someone with COVID-19 symptoms on the list above.