COVID-19 Screening Tool

Name (Print): _____ Department: _____

In-Person (Yes/No): _____ Telephone Call (Yes/No): _____

Date: _____ Time In: _____

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELED OUTSIDE OF ONTARIO IN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER THE ___DR DON LECK CHIROPRACTIC PROF CORP__ **FACILITY.**

SECTION A: Are you experiencing any of the following symptoms with unknown cause?

- Fever ❑ Yes ❑ No
- New onset of cough ❑ Yes ❑ No
- Worsening chronic cough ❑ Yes ❑ No
- Sore throat ❑ Yes ❑ No
- Headaches ❑ Yes ❑ No
- Unexplained fatigue/ malaise/muscle aches (myalgias) ❑ Yes ❑ No
- Nausea/vomiting, diarrhea, abdominal pain ❑ Yes ❑ No
- Pink eye (conjunctivitis) ❑ Yes ❑ No
- Runny nose/nasal congestion without other known cause ❑ Yes ❑ No
- Shortness of breath ❑ Yes ❑ No
- Difficulty breathing ❑ Yes ❑ No
- Loss of taste or smell ❑ Yes ❑ No
- Chills ❑ Yes ❑ No
- Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days? ❑ Yes ❑ No
- Have you or anyone from your household travelled outside of Ontario? ❑ Yes ❑ No
- If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions? ❑ Yes ❑ No

OFFICE USE ONLY

In-person, the person being screened was:

- Unfit to work and sent home ❑ Yes ❑ No
- Sent back to work ❑ Yes ❑ No
- Referred to a doctor or Public Health with benefit forms (if applicable) ❑ Yes ❑ No

On the telephone, the person being screened was:

- Instructed to stay or remain at home ❑ Yes ❑ No
- Referred to go see a doctor or Public Health and sent benefit forms (if applicable) ❑ Yes ❑ No
- Advised they can come to work ❑ Yes ❑ No

SECTION B:

If the person being screened was directed to self-quarantine for 14 days post-travel/exposure risk, indicate the start date: ____ /____ /____ and the end date: ____ /____ /____.

Date Quarantine was completed: ____ /____ /____.

Ontario Chiropractic Association

June 2, 2020

IF YOU ARE BEING REFERRED TO PUBLIC HEALTH FROM THIS SCREENING, CONTACT THE PUBLIC HEALTH DEPARTMENT FOR YOUR AREA OR TELEHEALTH ONTARIO AT 1-800-797-0000 (FOR THOSE IN ONTARIO).

Facility Representative or H&S Designate: _____ Date: ____ /____ /____.

Please contact your office/clinic H&S Designate for assistance.

Reference: Centers for Disease Control and Prevention website https://www.cdc.gov/

Version Date: March 15, 2020 For further information on COVID-19, refer to the

Public Health Agency of Canada https://www.canada.ca/coronavirus

June 2, 2020

Government of Ontario Self Assessment: covid-19.ontario.ca/self-assessment/
Public Health Ontario COVID-19 Information: 1-877-604-4567
Public Services Health and Safety Association: 1-877-250-7444

Ontario Chiropractic Association