



Name (Print):	Department:	
In-Person (Yes/No):	Telephone Call (Yes/No):	
Date:	Time In:	
	Background Question	
Q1: Did the person receive their fin	al (or second) vaccination dose more than 14 days ago? \Box Yes	☐ No
-	fined as any individual >14 days after receiving their second dose of a two-doirst dose of a one-dose COVID-19 vaccine series (i.e., Johnson and Johnson)	
	swers no or declines to answer this question may still proceed with the remain ay access in-person treatment if they screen negative for COVID-19.	der of
	Mandatory Screening Questions	
If child <18 years of age: nau-	ening chronic cough taste or smell explained fatigue/lethargy/malaise/muscle aches (myalgias)	be
Note: Questions 4 and 5 should only be	e asked if the person is not fully immunized (i.e., they answered 'No' to Questi	ion 1).
Q4: Did the person travel outside o	f Canada in the past 14 days? 🔲 Yes 🔲 No	
Q5: Has the person had close conta appropriate PPE? ☐ Yes ☐	act with a confirmed case of COVID-19 without wearing	
OVID-19 Screening Results (Use	e the following to interpret the results of the screening guestions) Onta	rio 😵

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If response to ALL of the screening questions is NO:	COVID Screen Negative
If response to ANY of the screening questions is YES:	COVID Screen Positive
If response to ALL of the screening questions is UNKNOWN:	COVID Screen Unknown
If response to ANY of the screening questions is NO and UNKNOWN:	COVID Screen Unknown

Note: The screening result is not equivalent to a confirmed diagnosis of COVID-19.



Please consult the following for assistance:

CCO - Addendum to President's Message #17 re: COVID-19 dated August 26, 2021

- Updated Patient Screening Guidance

Version Date: September 29, 2021.

