JOHN NOBLE HOME
LOVE, CARE AND DIGNITY

Screening Questions IN

Date: _____ **Name:** _____
Resident Name: _____ **Phone Number:**_____
Address: _____
Temp: _____ (A fever is a temperature of 37.8 ^{O}C or greater and results in a failure to pass screening)

1. Do you have any of the following **new or worsening** symptoms or signs?

New or worsening cough
Shortness of breath
Difficulty Breathing
Sore throat
Runny nose or nasal congestion **(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)**
Difficulty swallowing
New smell or taste disorder(s)
Nausea/vomiting, diarrhea, abdominal pain
Unexplained fatigue/malaise
Chills
Headache
Pink eye ☐ Yes ☐ No

2. Have you travelled outside of CANADA or had close contact with anyone that has travelled outside of CANADA in the past 14 days?
☐ Yes ☐ No

3. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?
☐ Yes ☐ No

4. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMP's) when you had close contact with a suspected or confirmed case of COVID-19?
☐ Yes ☐ No

5. I attest and or am providing proof that I have a negative covid test ☐ Yes ☐ No
I read and understand the requirements for visiting and agree to comply with these requirements. I understand failure to follow will result in discontinuation of further visits

Signature: _____

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OUT

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