

Visitor Name: _____ Date: _____

Phone: _____ Company: _____

Resident being visited (or purpose of visit): _____

Designated Family Member or Support Person Pre-Screening Questionnaire: LTC

If you are a designated family member or support person, you will need to complete screening every time you enter a home. When arriving at a home, the first 4 questions are asked daily as part of entryway screening. An answer of YES to any, will result in you not being allowed to enter that day.

The 5th question is for times where you are pre-planning a visit to a facility – if you answer YES to question 5, you would still be allowed to enter but present a higher than normal risk and, as such, will need to mask even for outdoor visits. We'd ask you to consider alternate ways of providing support, either through rescheduling or asking for the other designated family member/support person to take your place.

We are not screening for seasonal or environmental allergies; the following questions are meant to capture new symptoms, or a worsening of long-standing symptoms. **Thank you for helping us keep everyone safe!**

		YES	NO
1. In the last 48 hrs, have you had any of the following symptoms:			
Fever (temperature ≥ 37.0 Celsius)		<input type="checkbox"/>	<input type="checkbox"/>
New or worsening respiratory symptoms i.e. cough, shortness of breath or difficulty breathing, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing		<input type="checkbox"/>	<input type="checkbox"/>
New onset atypical symptoms including but not limited to chills, muscle aches, nausea/vomiting, diarrhea, loss of appetite, malaise, fatigue or weakness, loss of sense of smell, loss of sense of taste, or headache?		<input type="checkbox"/>	<input type="checkbox"/>
2. Since your last screening, have you or a household member tested COVID-19 positive using an antigen test?*		<input type="checkbox"/>	<input type="checkbox"/>
<small>The rapid antigen tests use a short nasal swab and can be administered by laypeople who have completed a training program through the Saskatchewan Health Authority lab.</small>			
3. Have you tested positive for COVID-19?*		<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 14 days, have you:		YES	NO
Been outside of Canada, including to the United States?*		<input type="checkbox"/>	<input type="checkbox"/>
Been identified by Public Health as a close-contact? OR Had close (within 2 metres) or prolonged contact with a confirmed or probable case of COVID-19?†		<input type="checkbox"/>	<input type="checkbox"/>
 YES to ANY part of Section 1-4 You will NOT be permitted to visit at this time You should be self-isolating and go for immediate testing if you develop symptoms and haven't already been tested Contact HealthLine 811 for further direction if needed		Screener Initials: _____ Temperature: _____	
5. In the last 14 days, have you:		YES	NO
Had NON-close contact with a confirmed or probable case of COVID-19?		<input type="checkbox"/>	<input type="checkbox"/>
YES to Section 5 You may still visit as long as long as you don't have symptoms - consider alternate ways of supporting the patient/client (rescheduling or asking for the other designated family member/support person to take your place) On arrival, do hand hygiene, put on a mask, and proceed to temperature check You must also self-monitor and, if you develop symptoms, isolate and call HealthLine 811 immediately			
 NO to ALL questions: On arrival, do hand hygiene, put on a mask, and proceed to temperature check			

Consult the Term Definitions Handout for definitions of: close contact, non-close contact, confirmed case, probable case
The clinical characteristics of COVID-19 are still being understood and these screening questions may change as new evidence emerges

Signature: _____

If you have a federally approved travel exemption, you may enter—be prepared to provide proof.

* If you have received clearance by public health as no longer a risk following a positive test or an exposure, you can answer no

April 19, 2021