

ACTIVE ILLNESS SCREENER

Screening Questions to be asked of Visitors as Part of an Active Screening Process

Influenza Like Illness Screening

1. Do you have new / worse cough or shortness of breath?
 - if 'YES', please sanitize your hands, and DO NOT VISIT.
 - if 'NO', continue with next question:

2. Are you feeling feverish; have you had shakes or chills in the last 24 hours?
 - if 'YES', please sanitize your hands, and DO NOT VISIT.
 - if 'NO', please sanitize your hands, and continue with next question

Enteric Screening

3. Have you had any episodes of nausea/vomiting or diarrhea in the last 48 hours?
 - If YES, please sanitize your hands, and DO NOT VISIT.

2019 Novel Coronavirus (COVID-19) Screening

If you meet any of the following criteria AND answered YES, please DO NOT VISIT the residence:

- A. Fever/feverish (manually taken temperature of 37.8° Celsius or higher), new or worsening cough, difficulty breathing, sore throat, runny nose, sneezing, nasal congestion, hoarse voice, difficulty swallowing, new smell or taste disorder(s), abdominal pain, unexplained fatigue, headache, eye infection/conjunctivitis;
OR
- B. Travelled or had close contact with anyone that has travelled in the past 14 days;
OR
- C. Close contact with anyone with respiratory illness or confirmed or probable case of COVID-19 without wearing required and/or recommended PPE.

*******PLEASE DO NOT VISIT RESIDENTS IF YOU ARE UNWELL*******