BC Children's Hospital — Provincial Health Services Authority

BC WOMEN'S HOSPITAL + HEALTH CENTRE — Provincial Health Services Authority

Respiratory Communicable Diseases
SCREENING TOOL - MEDICAL IMAGING
– SCHEDULED OUTPATIENT & VISITOR
DOCUMENT TYPE: FORM

Patient label

PARENT/CAREGIVER/SUPPORT PERSON NAME(s):	P/C/SP 1	P/C/SP 2

PURPOSE: Active screening for Screening for Respiratory Communicable Diseases is now in place. Early identification of cases is vital to settings. **This form is used to screen all ambulatory patients and their parent/caregiver/support person (P/C/SP) for signs of infection and self-isolation.** *This tool is not required if patient has been identified as COVID+ in last 14 days. Adhere to appropriate precautions and continue screening essential visitors.*

Legend:
- **N** (no)
- **Y** (yes)
- **U** (unable to assess)
- **N/A** (not applicable)

Screening for Respiratory Communicable Diseases Symptoms:

Screening: In the last 10 days has the patient or PC/C/SP had any of the following symptoms?

Subsequent Screening: Is the patient or P/C/SP experiencing any new or worsening symptoms?

Self-Isolation: Has the patient or P/C/SP been instructed to self-isolate in the last 14 days for any of the following reasons:

Date mm/dd/yyyy	Time 0000	Fever	New or worsening cough	Shortness of breath	Rhinorrhea/ Nasal Congestion	Loss of sense of smell	Sore throat/ Painful swallowing	Conjunctivitis	Rash	Headache	Muscle or joint pain	Fatigue	Loss of appetite	Chills	Vomiting	Diarrhea	NONE (no symptoms)	Travel outside Canada	Contact w/ person suspected or known to have COVID-19, measles, mumps, pertussis, chicken pox	Been tested for COVID-19 and results are pending	HCP / MRP Notified	COVID-19 Suspected	COVID-19 Swab Sent (MRP Order Required)	Initials
BOOKING																								
Patient																								
P/C/S P 1																								
P/C/S P 2																								
REMINDER CALL / NURSING																								
Patient																								
P/C/S P 1																								
P/C/S P 2																								
MODALITY																								
Patient																								
P/C/S P 1																								
P/C/S P 2																								