Respiratory Communicable Diseases
SCREENING TOOL - MEDICAL IMAGING
– SCHEDULED OUTPATIENT & VISITOR

DOCUMENT TYPE: FORM

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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Symptom</th>
<th>Screening</th>
<th>Subsequent Screening</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Fever</th>
<th>New or worsening cough</th>
<th>Shortness of breath</th>
<th>Rhinorrhea/ Nasal Congestion</th>
<th>Loss of sense of smell</th>
<th>Sore throat/Painful swallowing</th>
<th>Conjunctivitis</th>
<th>Rash</th>
<th>Headache</th>
<th>Muscle or joint pain</th>
<th>Fatigue</th>
<th>Loss of appetite</th>
<th>Chills</th>
<th>Vomiting</th>
<th>Diarrhea</th>
<th>NONE (no symptoms)</th>
<th>Travel outside Canada</th>
<th>Contact with person suspected or known to have COVID-19, measles, mumps, pertussis, chickenpox</th>
<th>Been tested for COVID-19 and results are pending</th>
<th>HCP / MRP Notified</th>
<th>COVID-19 Suspected Swab Sent (MRP Order Required)</th>
<th>Initials</th>
</tr>
</thead>
</table>

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