

**COVID – 19 Screening Tool
Community Screening – Office Visit**

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

In-Person Screen Telephone Screen Screen documented in EMR (no need to retain paper copy)

Please E-Mail this form to: mfpcscreening@mfpc.ca

**IF ANY "YES" ANSWERS BELOW
PLEASE CALL 811 OR 306-435-3838**

This screening tool is NOT screening for seasonal or environmental allergies but meant to capture new symptoms, or worsening of long-standing symptoms.

It is recognized that testing criteria continues to expand but screening criteria are limited to those below.

Ask patient if they have ANY of the following:		Yes	Date of Onset	No
Unable to obtain history (e.g. altered LOC) or no history available?		<input type="checkbox"/>		
Have you had a fever?		<input type="checkbox"/>		<input type="checkbox"/>
New or worsening respiratory symptoms NOT ATTRIBUTABLE to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose?		<input type="checkbox"/>		<input type="checkbox"/>
New onset atypical symptoms including chills, aches and pains, headache, loss of sense of smell or taste, acute functional decline, acute confusion? Use clinical judgement, patients at extremes of age can have unusual presentations.		<input type="checkbox"/>		<input type="checkbox"/>
In the past 14 days, have they:	Traveled outside of Canada?	<input type="checkbox"/>		<input type="checkbox"/>
	Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE?	<input type="checkbox"/>		<input type="checkbox"/>
	Been anywhere that has been identified by public health as a risk for acquiring COVID-19, such as in a workplace/location/event with possible exposure?*	<input type="checkbox"/>		<input type="checkbox"/>
	Lived in or visited a community or facility designated as an area of elevated activity for COVID-19? *	<input type="checkbox"/>		<input type="checkbox"/>

***Important: Streaming of Screening Resources for [Areas of Elevated Activity and Public Health Advisories](#):**

You can now access the relevant areas of elevated activity and the public health advisories for the last 14 days in one document that is updated daily at 4 pm. Print this [list](#) and have available for screeners of patients as needed.

This screening tool is not intended to replace your point of care risk assessment.

Screening results should dictate the need for precautions. Previous testing does not impact screening results.

Patient Answers	Screen	Action/Follow Algorithm		ID
	All "NO"	Proceed with visit. Wear surgical mask and any additional PPE required to provide patient care. Direct patient to sanitize hands and to waiting area**		
Any "YES"	Asymptomatic	<ul style="list-style-type: none"> Postpone appointment, if possible. If visit is necessary, use Droplet/Contact Plus Precautions. Advise patient to self-monitor. Advise to "self-isolate" for 14 days from return of international travel or date of close contact. 		
	Symptomatic "non-urgent"	<ul style="list-style-type: none"> Postpone appointment. Proceed with COVID-19 test or refer to local Testing Centre. <input type="checkbox"/> Tested in office OR <input type="checkbox"/> Referral form faxed 		
	Symptomatic "urgent"	<ul style="list-style-type: none"> Refer to Emergency Department or COVID Assessment Centre as required. If visit to proceed, patient to sanitize hands and wear a mask. Droplet//Contact Plus Precautions to be utilized. Place patient directly in exam room, if possible. If exam room not available, direct to waiting area** Proceed with COVID-19 test or refer to local Testing Centre. <input type="checkbox"/> Tested in office OR <input type="checkbox"/> Referral form faxed 		

Name: _____

Birth Date: _____

Signature/Designation: _____

**** maintain physical distancing in waiting areas; consider asking patients to wait in vehicles where feasible.**