



Outdoor Family Visitors Screening Tool

Please return these forms at the end of each week to the attention of Suzanne Fiorito.

Name: _____ Name of Home: _____

Name of Employee who supervised the visit. _____

Temperature of Family member who visited. _____

Phone Number: _____ Area of Visit (i.e patio, front yard):

Are you currently working? If yes, where? _____

Does anyone you work with have any symptoms? _____

If Yes, have you been told to self-isolate? _____

Please contact the immediate supervisor of the home or supervisor on call if you have been with someone with symptoms.

Screening questions to be asked at all locations of all **family visitors** to the home.

Effective July 22, 2020

- 1) Have you travelled outside of Northwestern Ontario or been in close contact with a confirmed or suspected case of the Novel Coronavirus (COVID19) who has traveled outside of Thunder Bay, in the last 14 days?
Yes No

- 2) If yes, where has the travel been in the last 14 days?

- 3) Do you have a new or worsening cough?
Yes No

- 4) Do you have a new onset of fever or chills?
Yes No

- 5) Do you have any other illness symptoms?
Yes No

If a family visitor answers yes to any of questions 3, 4 or 5, please call the Thunder Bay District Health Unit at 625-5900 and ask to speak to the Public Health Nurse in the Infectious Disease program or call Telehealth Ontario at 1-866-797-0000. Yes answers to these questions will **PROHIBIT** the individual from having a visit.

Signature: _____ Date: _____