



## Family Visitors Screening Tool

### Outdoor and away from group home visits.

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 at the home outside. \_\_\_\_\_

Temperature of Family member who visited or took individual out. \_\_\_\_\_

Phone Number: \_\_\_\_\_ Area of Visit (i.e patio, front yard/ destination away from home): \_\_\_\_\_

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 24, 2020

- 1) Have you travelled outside of Canada 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: \_\_\_\_\_