

COVID-19 Screening Form- In-Person Appointments

- To be completed at home **one day** prior to your appointment at ISAND. The screening form needs to be completed for the child and anyone accompanying the child to the appointment at ISAND.
- If you answer yes to any one symptom (**questions 1-11**) during this pre-screening, please contact ISAND immediately to re-schedule your appointment.
- If you answer **Yes** to any **one symptom** (questions 1-6) for anyone attending the appointment, please stay home for 24 hours and contact ISAND immediately to reschedule your appointment. If symptoms don't improve within 24 hours, contact your health care provider
- If you answer **Yes to two (2) or more** (questions 7-11) symptoms please:
 - Contact ISAND immediately to reschedule your appointment.
 - Contact your health care provider for further advice or assessment – including a COVID-19 test or treatment.

You will also be required to complete the survey upon arrival at ISAND. If you answer **YES** to any **one or more symptoms** you will be **expected to leave immediately**, and follow the steps listed above.

Name: _____ Time: _____

No.	Symptoms	Yes or No
1	Do you have a fever (+37.8 C) or chills?	
2	Do you have shortness of breath?	
3	Do you have a cough?	
4	Do you have a decrease or loss of taste or smell?	
5	Do you have a loss of appetite?	
6	Do you have pink eye?	
7	Do you have a sore throat/painful swallowing?	
8	Do you have runny nose or nasal congestion without a known cause like allergies?	
9	Do you have headache?	
10	Do you have unexplained fatigue, malaise or muscle soreness?	
11	Do you have nausea, vomiting, or diarrhea?	
	Additional Questions	Yes or No
1	Have you travelled outside of Canada in the past 14 days?	
2	Have you been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit?	
3	Have you been directed by a health care provider, including a public health official to self-isolate?	

I have read and understood the information presented to me in the document titled "ISAND re-opening expectations for clients" and any potential risks associated with attending in-person appointments. I am agreeing that the decision to attend is mine only and will not hold ISAND responsible in the event I or my loved ones contract COVID-19.

Signature

Date

October 2, 2020