

## The Good Companions COVID-19 Respiratory Infection Screener

The COVID-19 Respiratory Infection Screener consists of 4 questions

1. Have you or anyone in your household had close contact* with anyone with acute respiratory illness or travelled outside Canada in the past 14 days?	Yes ____ No ____
2. Do you or anyone in your household have a confirmed case of COVID-19 (or test results pending+) or had close contact* with a confirmed case of COVID-19 not yet resolved (or test results pending+) without wearing appropriate PPE?	Yes ____ No ____
3. Do you have any of the following symptoms: Fever New onset of cough Worsening chronic cough Shortness of breath Difficulty breathing Sore throat Difficulty swallowing Decrease or loss of sense of taste or smell Chills Headaches Unexplained fatigue/malaise/muscle aches (myalgias) Nausea/vomiting, Diarrhea, Abdominal pain Pink eye (conjunctivitis) Runny nose/ nasal congestion without other known cause	Yes ____ No ____
4. If the patient is 70 years of age and older, are they experiencing any of the following symptoms: delirium (altered state of consciousness), unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	Yes ____ No ____

### COVID-19 Screening Results

If response to <b>ALL</b> of the screening questions is <b>NO</b> . <b>You do not need to self-isolate.</b>	<b>COVID Screen Negative</b>
If response to <b>ANY</b> of the screening questions is <b>YES</b> . <b>We recommend that you self-isolate (stay home).</b>	<b>COVID Screen Positive</b>