

The Good Companions COVID-19 Respiratory Infection Screener

Name:

Phone Number:

Date:

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	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 ALL of the screening questions is NO .	COVID Screen Negative
If response to ANY of the screening questions is YES .	COVID Screen Positive

Last Update: September 27th, 2022

Adapted from www.Ontario.ca