LAST NAME	
FIRST NAME	
DOB	

COVID-19 - Screening Assessment to be completed for each on site consult

Proposed Service: _____ **Date:** ____/___/_____

Participant & Support	Question				Answer
	The following questions are relating to the person(s) who is visiting the service (participant and support person).				
	Have you had a test for COVID-19?				Yes / No
	If yes COVID-19 test **Date:**	____/____/2020	**Results:**	positive / negative / pending	
	1. Have you returned from overseas or travelled in a cruise ship in the last 14 days?				Yes / No
	2. Do you currently or have within the last 7 days been unwell or been aware of any of the following symptoms: fever (37.5 degrees or greater), night sweats or chills, sore or scratchy throat, runny nose, changes to taste or smell?				Yes / No
	3. Do you have a new or worsening cough?				Yes / No
	4. Are you experiencing greater difficulty breathing?				Yes / No

For questions 1-4 → If the answer is **yes** - the person **cannot be seen on site** until they are free of symptoms or have a negative test.

CLOSE CONTACTS Particpant and support	Question	Answer
	These questions are regarding ANY **close contacts** of the Participant or Support Person For example, anyone who was living in the same household as the Participant or Support person.	
	Has any close contact been suspected (test results not yet known) or confirmed COVID-19?	Yes / No
	Has any close contact returned from overseas in the last 14 days?	Yes / No
	Do any close contacts currently have a sore throat, fever or chills?	Yes / No
	Do any close contacts have a new or worsening cough?	Yes / No
	Are any close contacts experiencing greater difficulty breathing?	Yes / No

***If yes,** to any of the above questions, then the **participant and/or support person** cannot visit on site until the contacts test results are known or clearance is given after 14 days.

Initial assessment completed by:					
Print Name:		Sign:		Designation	

****Standard precautions* will be used for participants and support persons who have no symptoms of COVID-19.