

Febrile Respiratory Screening Tool

1. Do you have a new/worsening cough or shortness of breath?
No Yes Unknown Other
2. Are you feeling feverish, have you had shakes or chills in the last 24 hours?
No Yes Unknown Other
3. Have you travelled outside of Canada within the last 14 days*?
No Yes Unknown Other
Country/Location Visited _____
4. Have you had contact with an ill person that has travelled outside of Canada within the last 14 days?
No Yes Unknown Other
Country/Location Visited _____

If Yes to #2 and #3 apply Droplet/Contact Precautions (surgical mask, gown and gloves).

If Yes to #1, and #2, and #3/4 apply Droplet/Contact precautions.

*Allowing for variability and recall error and to establish consistency with the Public Health Agency of Canada's COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.