**Screening Questions and Protocol**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Every person coming to the Family Centre is required to undergo the screening protocol in relation to the evolving situation with COVID-19 and answer the following questions.

1. Do you have any of the following symptoms: fever/feverish, new or existing cough, and difficulty breathing?

* Yes
* No

1. Have you travelled internationally within the last 14 days (Outside of Canada)?

* Yes
* No

1. Have you had a close contact with probable or confirmed COVID-19 case?

* Yes
* No

1. Have you had a close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

* Yes
* No