

## LONDON LIGHTNING COVID-19 ACTIVE SCREENING TOOL

Date and time (yyyy/mm/dd): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

### SECTION 1: SYMPTOM SCREENING

1. Do you have any of the following primary symptoms:	
• Fever - New or worsening cough - Shortness of breath	
• Sore throat - Vomiting - Diarrhea - Decrease/loss of smell / taste	Y / N
2. Do you have any of the following secondary symptoms:	
• Runny nose or sneezing Nasal congestion (without other known cause)	
• Hoarse voice - Difficulty swallowing - Chills - Headaches Unexplainable fatigue - Unexplainable, generalized muscle aches	
• Nausea or abdominal pain - Pink eye (conjunctivitis)	Y / N

### SECTION 2: TRAVEL HISTORY / CONTACT HISTORY

3. Have you travelled outside Canada with the last 14 days?	Y / N
4. Have you had close, unprotected contact with a confirmed or probable case of COVID-19?	Y / N
5. Have you had close, unprotected contact with a person with acute respiratory illness who had been outside Canada in the 14 days?	Y / N

### SECTION 3: IMMEDIATELY PROCEED WITH THE FOLLOWING ACTIONS

- If pass symptoms and travel/contact history, they can continue
- If pass symptoms and fail travel/contact history they must put on a mask
- If fail symptoms and pass travel/contact history, put on a mask and go home
- If fail symptoms and fail travel/contact history, put on a mask, go home

Signature (Or Guardian) \_\_\_\_\_