

HANNA MEDICAL CLINIC

COVID-19 ALBERTA HEALTH DAILY CHECKLIST

Overview-* This has been adapted from the Government of Alberta's document*

This tool has been developed to support schools, activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among visitors/staff. The tool is meant to be used to assist with assessing visitors who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19. Visitors and staff should complete this checklist prior to entry into the clinic. **EACH PERSON** entering the clinic needs their own questionnaire completed, on the day of their appointment.

IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PLEASE LET A CLINIC STAFF MEMBER KNOW BEFORE ENTERING THE CLINIC. A 'YES' answer does not mean that you will not be seen, it just means that we will be taking appropriate precautions to protect everyone.

Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per CMOH Order 05-2020 unless they receive a negative COVID-19 test and are feeling better. Use the AHS Online Assessment Tool to determine if testing is recommended and follow information on isolation requirements.

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions:

1. Do you have any new onset (or worsening, if an existing condition) of any of the following symptoms: **CIRCLE ONE**
 - Fever* **YES NO**
 - Cough* **YES NO**
 - Shortness of breath / difficulty breathing* **YES NO**
 - Runny nose* **YES NO**
 - Sore throat* **YES NO**
 - Chills **YES NO**
 - Painful swallowing **YES NO**
 - Nasal congestion **YES NO**
 - Feeling unwell / fatigued **YES NO**
 - Nausea / vomiting / diarrhea **YES NO**
 - Unexplained loss of appetite **YES NO**
 - Loss of sense of taste or smell **YES NO**
 - Muscle/ joint aches **YES NO**
 - Headache **YES NO**
 - Conjunctivitis (commonly known as pink eye) **YES NO**
2. Have you travelled outside of Canada in the last 14 days**? **YES NO**
3. Have you had close contact*** with a confirmed case of COVID-19 in the last 14 days? **YES NO**
4. Have you had close contact with an individual who has any one of the first 5 symptoms on this list (shaded) AND who is a close contact of a confirmed case of COVID-19 in the last 14 days? **YES NO**

** Individuals legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada

*** Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

NAME: _____ SIGNATURE: _____
(Please Print)

DATE _____ TEMPERATURE DONE: _____
(to be completed in clinic)