Alberta Health Services

Communicable Disease *(Respiratory)* Initial Screening

All sections must be **fully assessed** and completed.

Last Name *(Legal)*	First Name *(Legal)*

Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*

PHN	ULI ☐ Same as PHN	MRN

Administrative Gender ☐ Male ☐ Female
☐ Non-binary/Prefer not to disclose (X) ☐ Unknown

☐ Unable to assess patient's symptoms due to patient's physical condition. Implement Contact & Droplet Precautions, and contact Most Responsible Health Practitioner (MRHP) to order COVID-19 and other labs as indicated.

Part 1 - Symptom Set Assessment *(review all symptom sets)*	**Actions Required**
☐ **COVID-19 Core Influenza-like Illness (ILI) Symptoms** - **New/worse OR unexplained:** Cough Fever/Chills/Rigors **Adult:** higher than 37.8° C; **Pediatrics**: 38° C or higher (***If sole symptom,*** *should be reviewed with other symptoms, history, physical exam, etc.*) Shortness of breath, Difficulty breathing, Sore throat/Painful swallowing, Runny nose/Nasal congestion ☐ **COVID-19 Gastrointestinal (GI) Symptoms** - **New/worse AND unexplained:** 3 or more episodes of vomiting and/or diarrhea in a 24hr period ☐ **Seasonal ILI Symptoms** **Adults:** New or changed Cough **AND** Fever **AND** any of the following: Sore throat, Joint pain, Muscle ache, Extreme exhaustion/Weakness **Pediatrics:** Cough **OR** Sneezing **OR** Runny Nose	☐ Implement Contact & Droplet Precautions ☐ Contact MRHP to order labs *(COVID-19, Respiratory Pathogen Panel [RPP], Other as indicated)* ☐ Notify Infection Prevention and Control (IPC) as per site process
☐ **Cough AND** any other Pertussis Symptoms Paroxysms, Inspiratory 'whoop' cough ending in gagging/vomiting **Neonates:** Apnea	☐ Implement Contact & Droplet Precautions ☐ Contact MRHP to order labs *(COVID-19, RPP, Pertussis, Other as indicated)* ☐ Notify IPC as per site process
☐ **Cough AND** any Tuberculosis (TB) Symptoms Hemoptysis, Night sweats, Unintentional weight loss, or history of TB ☐ Fever, Rash **AND** International travel in last month ☐ Fever, Rash **AND** potential Measles Exposure	☐ Implement Contact, Droplet & Airborne Precautions ☐ Contact MRHP to order labs *(COVID-19, AFB, Sputum Culture, Other as indicated)* ☐ Notify IPC as per site process
Part 2 - Expanded Symptoms	**Actions Required**
☐ **COVID-19 Expanded Symptoms: New/worse AND unexplained:** Headache, Muscle/Joint pain, Fatigue/Extreme exhaustion, Nausea/Sudden loss of appetite, Loss of/Change to sense of smell or taste, Conjunctivitis/Red eye/Conjunctival edema, Altered mental status, any additional COVID-19 symptoms at clinician's discretion	☐ Follow Routine Practices *(including continuous masking)* ☐ Contact MRHP to order labs *(COVID-19, Other as indicated)*
Part 3 - Risk Factors	**Actions Required**
☐ Close contact* with a confirmed or probable case of COVID-19 within 14 days before illness onset ☐ Associated with any healthcare unit/facility, congregate living or other *(e.g., workplace or social gathering)* **COVID-19 outbreak/cluster** ☐ Positive COVID-19 test within the last 14 days ☐ Close contact* with a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness ☐ Travelled anywhere outside of Canada within the last 14 days ☐ Had laboratory exposure to biological material known to contain COVID-19 virus *A close contact is someone who: - Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment, OR - Lived with or otherwise had close prolonged contact (within 2 metres) with the person while the person was infectious, OR - Had direct contact with infectious bodily fluids of the person (e.g., was coughed or sneezed on) while not wearing recommended personal protective equipment.	☐ Implement Contact & Droplet Precautions ☐ Notify IPC as per site process

Assessed by	Date *(dd-Mon-yyyy)*	21615(Rev2020-08)