



**COVID – 19 Screening Tool  
Outpatient/Same Day Surgery/Direct Admission**

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

**INITIAL ALL APPLICABLE BOXES**

In-person Screen     Telephone Screen

Part A	Symptom assessment. Ask patient if they have each of the following symptoms:	YES	NO
<input type="checkbox"/> Sudden onset of NEW cough or CHANGE to existing cough? <input type="checkbox"/> Fever of 38°C or greater on arrival or by patient history? <small>Note: over age 65 and under age 5, fever may not be present</small> <input type="checkbox"/> Sore throat? <input type="checkbox"/> Shortness of breath and/or difficulty breathing? <input type="checkbox"/> Pediatric – sudden onset of any of the following: <input type="checkbox"/> Runny nose, cough, sneezing? <input type="checkbox"/> GI symptoms (under the age of 5)?	<b>Exclude symptoms related to an underlying medical condition (e.g. SOB related to ascites)</b>  Describe _____  <b>ANY "yes" answers = "YES"</b>  <b>ALL "no" answers = "NO"</b>	<input type="checkbox"/>	<input type="checkbox"/>

Part B	Within the past 14 days has the patient had <b>ANY</b> of the following:	YES	NO
<input type="checkbox"/> Travel to BC, ON, QC, AB <u>or</u> outside Canada (including USA)? <small>Where: _____</small> <input type="checkbox"/> Close (within 2 metres) or prolonged contact with confirmed or probable case of COVID-19 without proper PPE? <input type="checkbox"/> Travel outside of Saskatchewan to mass gathering over 25?	<b>ANY "yes" answers = "YES"</b>  <b>ALL "no" answers = "NO"</b>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Answers	Part A	Part B	Action	ID
	NO	NO	Does not fit COVID-19 screening criteria	Proceed with procedure.
NO	YES	Postpone procedure – instruct they self-isolate. If unable to postpone procedure – follow department process.		
YES	NO	<b>Fits COVID-19 screening criteria</b>	Postpone procedure.	
YES	YES		Provide patient with information for the Off Site Testing Centre. Fax this form to local Assessment Centre. If unable to postpone procedure – follow department process.	

**COVID-19 nasopharyngeal swab:**     N/A     Not sent     Sent on (Date): \_\_\_\_\_

Signature/Designation: \_\_\_\_\_

**FAX TO RECEIVING UNIT OR OPERATING ROOM WITH CONSENT IF PATIENT FOR SURGERY**