



Correctional Service
 Canada

Service correctionnel
 Canada

PROTECTED **B** ONCE COMPLETED

PERSONAL INFORMATION BANK

<p>COVID-19 SCREENING FORM FOR USE BY HEALTHCARE</p> <p>To be completed:</p> <ul style="list-style-type: none"> As part of the intake process with form 1244 When an asymptomatic inmate develops symptoms Upon return from an outside hospital Prior to transfer to another institution Prior to release to the community 		<p>SEND FORM TO HEALTH CARE</p>	
		<p>FPS Number (if possible):</p>	
		<p>Family name:</p>	
		<p>Given name(s):</p>	
		<p>Date of birth:</p>	
<p>Region:</p>	<p>Institution:</p>	<p>Date Completed:</p>	

<p>A. Is the person presenting with:</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fever (temperature of 38°C or greater)?</p>	<p>_____</p> <p>Date of symptom onset (YYYY/MM/DD)</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Any respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, sore throat, difficulty swallowing)?</p> <p>Please specify: _____</p>	<p>_____</p> <p>Date of symptom onset (YYYY/MM/DD)</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Any atypical symptoms (including but not limited to chills, muscle aches, diarrhea, malaise, headache)?</p> <p>Please specify: _____</p>	<p>_____</p> <p>Date of symptom onset (YYYY/MM/DD)</p>
<p>B. In the 14 days before onset of illness, has the patient:</p>		
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Had close contact with a confirmed case or case under investigation of COVID-19?</p>	<p>_____</p> <p>Date of contact (YYYY/MM/DD)</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Had close contact with a symptomatic individual?</p>	<p>_____</p> <p>Date of contact (YYYY/MM/DD)</p>
<p><input type="checkbox"/> Yes to any one of A or B</p> <ul style="list-style-type: none"> Refer to the relevant algorithm Provide treatment as required 		<p><input type="checkbox"/> No to all the above questions</p> <ul style="list-style-type: none"> Refer to the relevant algorithm Monitor for symptoms

Personal information will be protected under the provision of the *Privacy Act*. The information is stored in the Standard Bank # 060.
 Original: Copy Offender Health file

2020-07-09