McKESSON Canada | Retail Banner Group

COVID-19 Screening Criteria for Pharmacies & Consent

Patient Assessment questions: Date: _____

Last Name: _____ First Name: _____ Gender: ☐ M/ ☐ F

Date of Birth: (YYYY/MM/DD):_____ Health Card #:_____ Version Code: ____

Address and Postal Code: _____

Phone # to contact for Results: _____

☐ Verbal Consent to Test Received: _____ (pharmacist signature)

☐ Verbal Consent to Leave Voicemail with Results: _____ (pharmacist signature)

Yes ☐	No ☐	1. Are you experiencing any of the following signs and symptoms: i. Fever ii. New onset of cough iii. Worsening chronic cough iv. Shortness of breath v. Difficulty breathing vi. Sore throat vii. Difficulty swallowing viii. Decrease/loss of sense of taste or smell ix. Chills x. Headaches xi. Unexplained fatigue/malaise/muscle aches (myalgias) xii. Nausea/vomiting, diarrhea, abdominal pain xiii. Pink eye (conjunctivitis) xiv. Runny nose or nasal congestion without other known cause
Yes ☐	No ☐	2. In the past 14 days, did you return from travel outside of Canada?

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Yes ☐	No ☐	3. In the past 14 days, have you been identified as a close contact* of someone who is confirmed as having COVID-19? * A close contact is defined as: • A person who provided care for the patient, including healthcare workers, family member or other caregivers, or • who had other similar close physical contact or • who lived with or otherwise had close, prolonged contact with a probable or confirmed case while the case was ill.
Yes ☐	No ☐	4. Have you been advised to get tested for COVID-19 by your local public health unit due to exposure to a confirmed case or as part of an outbreak investigation?
Yes ☐	No ☐	5. Have you been advised to get tested for COVID-19 through an exposure notification through the COVID-19 app?
Yes ☐	No ☐	6. Are you over the age of 70 and experiencing any of the following: delirium, unexplained or increased number of falls, acute functional decline, worsening chronic conditions?
If you answer YES to any of the above questions, please advise the patient to proceed to a COVID-19 assessment centre for testing. **If you answer NO to questions 1-6, proceed to questions 7 – 9.**		
Yes ☐	No ☐	7. Are you a member of one of the listed groups: i. Resident, worker, or visitor of long-term care homes ii. Resident or worker in retirement homes iii. Resident or worker in homeless shelter or other congregate settings[1] iv. international student that <u>has passed</u> their 14 day quarantine period v. farm worker
Yes ☐	No ☐	8. Do you self-identify as Indigenous?

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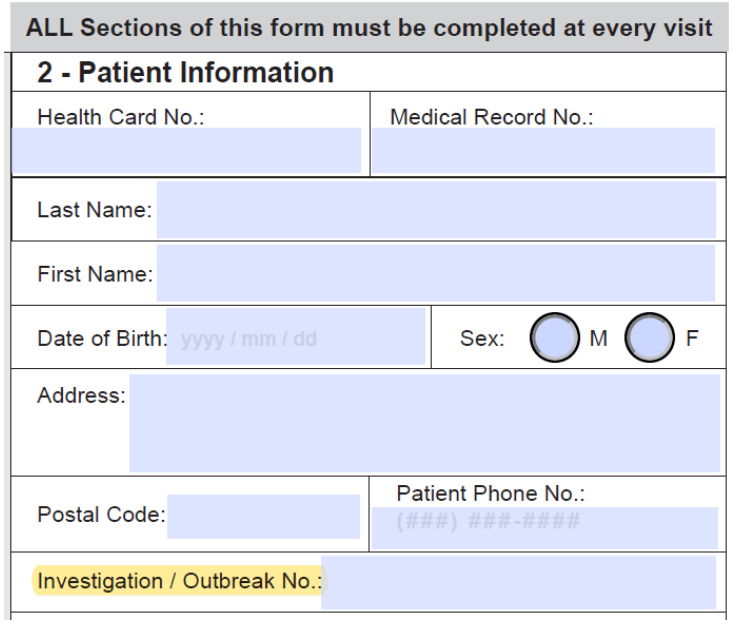
If you answer YES to either of question 7 or 8, proceed to schedule the patient appointment and proceed with specimen collection.

If you answer NO to questions 7 or 8, DO NOT schedule the patient appointment.

Please note that patients that are seeking a COVID-19 test as a requirement from their employer to return to work are NOT eligible for a publicly funded COVID-19 test.

Patients who live/work/volunteer in a long-term care home/retirement home; or who reside and work in a homeless shelter not currently in an outbreak may be directed to pharmacies for COVID-19 testing as part of their routine surveillance activities. These patients will be identified during pharmacy screening calls and should be reminded to bring their assigned investigation number with them when attending their appointment for COVID-19 testing at the pharmacy. If the patient does not know their investigation number, leave the area blank on the requisition form and ask that they confirm with the long-term care home or shelter.



1 Please refer to the public health guidance for more information on congregate settings. The guide includes examples of eligible congregate settings but does not include an exhaustive list. Pharmacists should use professional judgement in determining whether a patient meets eligibility criteria. Of note, schools are not an eligible congregate setting at this time. As public health guidance evolves, further clarifications may be provided in the future.

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