

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	<p>1. Are you experiencing any of the following signs and symptoms:</p> <ul style="list-style-type: none"> 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	<p>2. In the past 14 days, did you return from travel outside of Canada?</p>

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: <ul style="list-style-type: none"> • 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?
<p>If you answer YES to any of the above questions, please advise the patient to proceed to a COVID-19 assessment centre for testing.</p> <p>If you answer NO to questions 1-6, proceed to questions 7 – 9.</p>		
Yes	No	7. Are you a member of one of the listed groups: <ul style="list-style-type: none"> i. resident or worker in long-term care home¹ ii. visitor to a long-term care home iii. resident or worker in homeless shelter¹ iv. international student that <u>has passed</u> their 14 day quarantine period v. farm worker vi. resident or worker in other congregate settings²
Yes	No	8. Do you require a COVID-19 test for international travel clearance?
Yes	No	9. Do you self-identify as indigenous?

If you answer YES to either of question 7, 8 or 9, proceed to schedule the patient appointment and proceed with specimen collection.

If you answer NO to questions 7, 8 or 9, 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.

1 Patients who reside or work in a long-term care home or 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 your 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.

When completing the requisition form, this information should be captured under the patient information, in the field labeled: Investigation / Outbreak No. (Investigation Number Format: Can be any alphanumeric a including dash (-) and underscore (_) up to a maximum of 15 characters.)

ALL Sections of this form must be completed at every visit	
2 - Patient Information	
Health Card No.:	Medical Record No.:
Last Name:	
First Name:	
Date of Birth: yyyy / mm / dd	Sex: <input type="radio"/> M <input type="radio"/> F
Address:	
Postal Code:	Patient Phone No.: (###) ###-####
Investigation / Outbreak No.:	

2 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