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| **Date** | **Time**  | **Legal Name**  | **Staff – Role** **Visitor Resident Name and Room Number****Contractor- Company**  | **Contact number**  | **Use LTC COVID – Staff / Visitor Daily Screening Form : Ask Each Question in Order. If staff or visitor denied entry record reason e.g. Temperature, Symptoms, Travel, Close contact, advised to self-isolate, positive COVID Test since last shift, Rapid Antigen Test screen +ve** | **Vaccination Status**  | **When advising to go for COVID Testing** **Included Testing Centre Health Authority**  |
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Long-Term Care Home Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retain for one month. Form will be used by MHO for contact tracing as needed.

Long-Term Care Home Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retain for one month. Form will be used by MHO for contact tracing as needed.

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| **Date** | **Time**  | **Legal Name**  | **Staff – Role** **Visitor Resident Name and Room Number****Contractor- Company**  | **Contact number**  | **Use LTC COVID – Staff / Visitor Daily Screening Form : Ask Each Question in Order. If staff or visitor denied entry record reason e.g. Temperature, Symptoms, Travel, Close contact, advised to self-isolate, positive COVID Test since last shift, Rapid Antigen Test screen +ve** | **Vaccination Status** **(where available include date of most recent dose AND number of doses received)** | **When advising to go for COVID Testing** **Included Testing Centre Health Authority**  |
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