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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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