



Affix Label

Name: _____

DOB: _____

PHN: _____

Long-term Care COVID-19 Resident Screening

Check all that apply (✓)

Screen all residents once a day. **When on outbreak:** Increase Screening to Morning and Evening

If ANY new signs and symptoms place on contact and droplet precautions immediately, obtain nasopharyngeal swab, initiate COVID-19 Care Plan and notify MRP. <http://www.vch.ca/Documents/Care-plan-for-residents-with-COVID-or-suspected-COVID.pdf>

Assessment Date													
Time													
Fever * (Document Temp.)													
Chills													
New Cough or Worsening Chronic Cough													
Short of breath													
Runny or Stuffy nose													
Nausea/vomiting/ loss of appetite													
Diarrhea													
Sore Throat / Painful Swallow													
Loss of smell/taste/ appetite													
Headache													
Body aches or muscle pain													
More tired than usual (fatigue)													
Change in behaviour delirium / confusion													
Dizziness / ↑falls frequency													
None													
MRP Informed													
Initials													

*Older adults may not display typical signs of fever. A temp greater than 37.5°C or an increase of 1.5°C or more above baseline may indicate fever.



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