

For caregivers visiting retirement homes

CAREGIVER SELFMONITORING FOR COVID-19 SYMPTOMS

Resident's first and last name: _____

Caregiver's first and last name: _____

COVID-19 related symptoms	Yes	No	Unknown*
Recent cough or worsening of a chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever ($\geq 38^{\circ}\text{C}$ or 100.4°F ; seniors ($\geq 37.8^{\circ}\text{C}$ or 100.0°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feverishness / Chills (temperature not taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing difficulties (e.g. shortness of breath or difficulty speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalized weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain (muscle, chest, abdominal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability, confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden loss of smell (anosmia) without nasal obstruction, not accompanied or not by the loss of taste (ageusia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Always make sure that the caregiver understands the symptom correctly. If, despite the correct understanding, the answer is 'unknown', contact the manager who will evaluate the situation and decide if the caregiver can proceed with the visit or not.

PRESENCE OF ANY OF THE ABOVE MENTIONED SYMPTOMS? CHECK :		SIGNATURE	DATE	TIME
YES	NO			
