HOMES AND SENIORS SERVICES

Acute Respiratory Illness Screening Tool
Complete Upon Admission

Resident Name:_______________________________________ **DOB:**________________________

Admission Date:___________________ **Room:**__________________

	Yes	No
1. **Do you have a new or worsening cough or shortness of breath?**	☐	☐
If "no", stop here (no further questions) If "yes", continue with next question		
2. **Are you feeling feverish*, or have you had shakes or chills in the last 24 hours?**	☐	☐
If "no", take temperature; if >38°C, continue with next questions, otherwise stop (no further questions)	Temp: ________	
If "yes", take temperature, record and continue with next questions		

***NOTE: Some people, such as the elderly and people who are immunocompromised, may not develop a fever.**

If the answer to both questions (1) and (2) is "yes", or if the answer to question (1) is "yes" and the recorded temperature is >38°C:

- Initiate Droplet and Contact Precautions
- Notify the Manager of Resident Care and Attending Physician/Medical Director.

	Yes	No
3. **Is either of the following true:**		
Have you traveled within the last 14 days?	☐	☐
Where? _____________________________		
Or		
Have you had contact in the last 14 days with a sick person who has traveled?	☐	☐
Where? _____________________________		

Nurse Signature:______________________________________ Date:___________________