



# MRI Research Facility

## COVID-19 SCREENING TOOL - MRI Research Participant and Accompanying Persons

Participant

ACCOMPANYING PERSON NAME(S):	Accompanying Person 1	Accompanying Person 2	Accompanying Person 3
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**Purpose:** Active screening for COVID-19 is now in place. Early identification of cases is vital to prevention of respiratory infections in health care settings. This form is used to screen ambulatory patients and their parent/caregiver/support person (Accompanying Person for signs of infection and self-isolation.

- Directions For Use:**
1. Research group to complete screening tool during booking and/or reminder calls for each Participant
  2. Research group or BCCH MRI Research Facility staff can complete the screening tool on arrival to the MRI Facility
  3. Indicate findings for both the Participant and Accompanying Persons using the following: Y (yes), N (no) or U (unable to assess) for each
  4. If N (no) to all of the questions, proceed with usual check in procedure following Routine Practices for Infection
  5. **If Y (yes) or U (unable to assess) to any of the questions for either the Participant or Accompanying Person (AP) during a screening,**
    - If Yes to any symptoms for Participant please note and do not book Participant
    - If Yes to symptoms for AP they may not enter MRI Facility

		Screening Questions:																				
		COVID-19 Symptoms												Self-Isolation								
		In the last 10 days, has the Participant or Accompanying Person (AP) had any of the following symptoms?															Screeener	MRP				
Date	Time	Fever	New or worsening cough	Shortness of breath	Runny nose	Nasal congestion	Loss of sense of smell	Sore throat	Painful swallowing	Headache	Muscle aches	Fatigue	Loss of appetite	Chills	Vomiting	Diarrhea	Travel outside Canada	Contact with someone known to have COVID- 19	Been tested for COVID- 19 and results are pending	Screeener initials	COVID-19 Suspected	MRP initials

### BOOKING

Participant																						
AP 1																						
AP 2																						
AP 3																						

Screeener Name (print): \_\_\_\_\_

### REMINDER CALL

Participant																						
AP 1																						
AP 2																						
AP 3																						

Screeener Name (print): \_\_\_\_\_

### ARRIVAL

Participant																						
AP 1																						
AP 2																						
AP 3																						

Screeener Name (print): \_\_\_\_\_