WFN- Kinomaugewgamik COVID-19 Screening form

Name(s):_____ Staff/WFN Community/Child(ren) (Please circle)

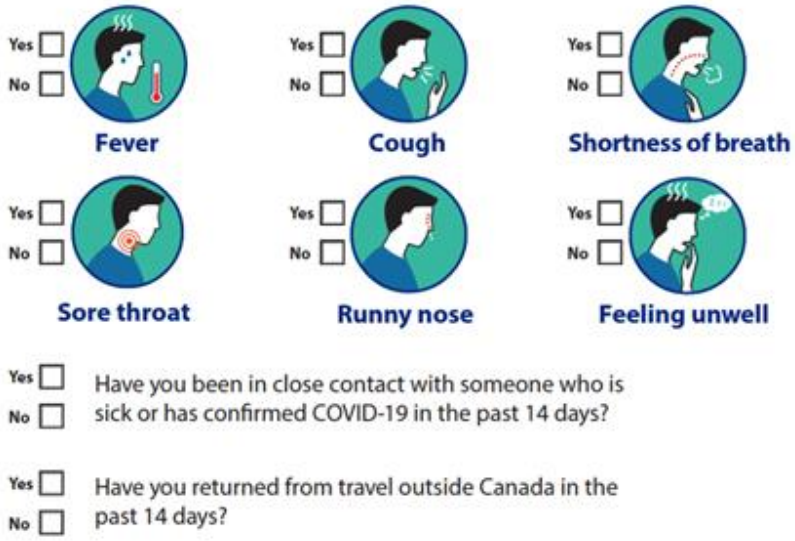
Date:_____ Time:_____ Primary Address:_____

As part of WFN Communicable Disease Planning process/procedure and the announcement of a worldwide pandemic involving the COVID-19 (coronavirus), this triage screening must be completed by ALL STAFF, CLIENTS, AND VISITORS
Please answer these questions.

If you are having difficulty breathing, have underlying health issues and your condition is severe-call 911 immediately.

Section A:

Select any/all that are **NEW** and not related to seasonal allergies or pre-existing medical conditions.

In last 36 hours:	Current temperature: _____
	Yes□ No□
Do you or anyone in your home have "new or worse" respiratory symptoms: Shortness of breath□ Chest Pain□	Yes□ No□
Are you a child who has experienced any of the following: Lethargy□ Poor appetite/feeding□	Yes□ No□

If "Yes" was answered to any of the questions, please speak immediately with a staff member about a potential referral to the Wasauksing Nursing Station or your own health care provider for a possible COVID-19 assessment.

Wasauksing Nursing Station can be reached at: (705) 746-8022

On behalf of the Wasauksing First Nation, we thank-you for your compliance and cooperation with all planning and protecting of our community

Updated: 28-08-20 Adapted from the "Primary Care COVID-19 & Febrile Respiratory and Enteric Illness (FREI) Screening Tool"; WPSHC, 12-03-2020; COVID-19 Self Assessment-Ontario 2020