

ENHANCED VISITOR SCREENING QUESTIONNAIRE

訪客症狀篩檢表

Dear Designated Visitor:

Please complete this form in full and return to Villa Cathay via email (contact@villacathay.ca or fax 604-254-5230). All visitors must complete the form prior to the visit. We will contact you to schedule your visit after your form is received.

敬請指定訪客填妥本「症狀篩檢表」後，交回華宮安老院(電郵: contact@villacathay.ca 或傳真 604-254-5230)。所有訪客都必須在探訪前填妥此表，我們會在收到您的表格之後，盡快為您安排探訪。

Name of Designated Visitor 指定訪客姓名: _____

Name of my loved one 長者的姓名: _____ Room No. 房間號碼: _____

1. Please take a body temperature prior to your visit.

請在探訪前自行測量體溫

- a. If your body temperature is 37.5 degree C or below, please proceed to question #2
若您的體溫是低於攝氏 37.5 度或以下，請繼續問題 2
- b. If your body temperature is 37.5 degree C or above, please see your health care provider.
Meanwhile, please self-isolate at home until you receive further medical advice.
若您的體溫是攝氏 37.5 或以上，請諮詢您的醫生。在得到醫生的指示之前，請先在家中自我隔離。

2. Are you experiencing any of the following symptoms (new or worsening)

請問您是否有以下的病徵(新出現或症狀加重)

- | | | | |
|---------------------------|---------|--------------------------------|-------------------------------|
| a. Loss of taste/smell | 失去味覺或嗅覺 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| b. Loss of appetite | 沒胃口 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| c. Fatigue | 倦怠 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| d. Fever | 發燒 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| e. New or worsening cough | 開始咳嗽或加重 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| f. Stuffy or runny nose | 鼻塞或流鼻水 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| g. Sore throat | 喉嚨痛 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| h. Painful swallowing | 吞嚥時會疼痛 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| i. Difficulty breathing | 呼吸困難 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |

- j. Nausea and/or vomiting 想作嘔或嘔吐 ☐ Yes 是 ☐ No 否
- k. Muscle aches 肌肉疼痛 ☐ Yes 是 ☐ No 否
- l. Chills 發冷或打冷顫 ☐ Yes 是 ☐ No 否
- m. Headache 頭痛 ☐ Yes 是 ☐ No 否

If **YES to any of these symptoms**, do not proceed with visit, please see your care provider.

若您有任何以上的症狀，請勿探訪，請先連絡您的醫生尋求指示

If **NO** proceed to *remaining questions*. 您若無任何以上症狀，請繼續下頁問題

3. Have you ever been diagnosed with COVID-19? 您有否曾確診過新形冠狀病毒?

☐ Yes 有, When 何時: _____ ☐ No 沒有

4. In the last 14 days, have you taken an airplane, cruise, or been to a place outside of the Lower Mainland where there are confirmed cases?

在過去十四天內，您有否曾搭乘過飛機、郵輪、或到訪過低陸平原以外有確診個案的地區?

☐ Yes 有 ☐ No 沒有

5. In the last 14 days, to your knowledge, have you been in contact with anyone with COVID-19?

在過去十四天，就您所知，您有否曾與任何確診新形冠狀病毒的人有過接觸?

☐ Yes 有 ☐ No 沒有

6. In the last 14 days, to your knowledge, have you been in close contact with someone who has symptoms of COVID-19?

在過去十四天內，就您所知，您有否曾與任何有新冠肺炎症狀的人有過接觸?

☐ Yes 有 ☐ No 沒有

7. In the last 14 days, have you been told to self-isolate in accordance with Public Health Directives or be in self-monitoring because of a close contact with someone in isolation?

在過去十四天，公共衛生部門是否曾指示您需要自我隔離，或曾與需要自我隔離過監測者有過接觸?

☐ Yes 有 ☐ No 沒有

If **YES to question 3 to 7**, please do not proceed with visit. For the health and safety of your loved one, please wait for 14 days and confirm that you have not been affected before scheduling a visit.

若您在第3至7題回答「有」，請暫勿探訪。為了您家人的安全與健康，請您先靜待十四天的自我隔離期滿，再行安排探訪。

8. In the last 14 days have you visited/worked/volunteered at another healthcare facility including long term care/assisted living or hospital?

在過去的 14 天內，您有否曾在其他醫療機構（包括長期護理/輔助生活或醫院）訪問/工作/擔任義工？

☐ Yes 有

☐ No 沒有

If “Yes” to the above, please list the name of the site as well as the last date you visited/worked/volunteered there:

如您的答案是“有”，請列出機構名字以及最後一次訪問/工作/做義工的日期：

I certify that the above is true to the best of my knowledge.

我確認以上的資料均屬實。

Signature 簽名

Date 日期