

COVID-19 Active Screening: Patient / Visitor Access to Facilities

1. **For Designated Support Persons (DSPs) only:** Are you fully vaccinated with an approved COVID-19 vaccine and it has been at least 14 days since your second dose?
2. Do you have **ONE** of the below symptoms?
 - FEVER/SIGNS OF FEVER (e.g., chills, feeling cold, shivers, etc...)
 - LOSS OF TASTE
 - LOSS OF SMELL

OR

Do you have any **TWO** the below symptoms?

- NEW COUGH OR A COUGH THAT IS GETTING WORSE
 - SHORTNESS OF BREATH
 - SORE THROAT
 - RUNNY NOSE/NASAL CONGESTION
 - HEADACHE
 - DIARRHEA
 - LOSS OF APPETITE
 - NEW ONSET OF MYALGIA (muscle pain)
 - NEW ONSET OF FATIGUE
 - PURPLE MARKINGS ON FINGERS OR TOES (for children)
3. Have you had close contact with a confirmed case of COVID-19 in the last 10 days?
 4. Have you tested positive for COVID-19 within the past 10 days?
 5. Have you travelled outside of Canada or the State of Maine in the last 10 days?