Saskatchewan
Health Authority

COVID-19 Pandemic
COVID-19 Screening Form Log
Repeat Visits

☐ Patient (see patient label) ☐ Visitor/Support Person – Name: _____ Phone #: _____

Instructions	• Complete initial screening form and retain on health record. • On repeated visits, ask screening questions from applicable screening form. • If **no changes** to answers, complete form below and no need to retain repeat screening form on health record. • If **changes** to answers, complete new screening form and retain on the chart as well as complete the form below.

Date	Time	No changes from previous screen – indicate date of screen	Changes – complete new screening form	Comments	Initials

NOTE	**Patient Screening forms** and logs to be retained on the chart permanently. **Visitor/Support Person** (names identified) forms and logs to be retained on the chart for admission and confidentially shredded 30 days after discharge. Refer to CV-19 WS0044 Retention of COVID-19 Screening Tools/Forms for more information.

Saskatchewan Health Authority

COVID-19 Pandemic Screening Form Log Repeat Visits

☐ Patient (see patient label) ☐ Visitor/Support Person – Name: _____ Phone #: _____

Instructions	
	• Complete initial screening form and retain on health record. • On repeated visits, ask patient screening questions from applicable screening form. • If **no changes** to answers, complete form below and no need to retain repeat screening form on health record. • If **changes** to answers, complete new screening form and retain on the chart as well as complete the form below.

Date	Time	No changes from previous screen – indicate date of screen	Changes – repeat screen	Comments	Initials

NOTE	
	Patient Screening forms and logs to be retained on the chart permanently. **Visitor/Support Person** (names identified) forms and logs to be retained on the chart for admission and confidentially shredded 30 days after discharge. Refer to CV-19 WS0044 Retention of COVID-19 Screening Tools/Forms for more information.