

COVID-19 Customer and Client Screening

Workplaces and workers must follow jurisdictional and regional public health orders.

Use this tool to determine if a customer/client presents a risk of exposing anyone on site to COVID-19.

1. Screen for risks of exposure to COVID-19 according to your Exposure Control Plan.
2. Inform the person of rules they must follow:
 - a. check-in procedure
 - b. use of face coverings
 - c. hand washing or sanitizing
 - d. controlled movement within the space
 - e. check-out procedure
3. For clients who answer “Yes”, assess the risk and follow your [Exposure Control Plan](#).

Client's Name:		
Date and time of screening:	<input type="checkbox"/> Over the phone <input type="checkbox"/> At entry of the business	<input type="checkbox"/> Email (self-screen)
Date and time of service or appointment:		
Service being provided:		
Name of worker performing service:		
Supervisor's name:		
1. Do you have any symptoms of COVID-19 (such as cough, fever, difficulty breathing)?		
<input type="checkbox"/> No – Proceed to 2.	<input type="checkbox"/> Yes – Assess the risk and follow your Exposure Control Plan .	
2. Have you been fully vaccinated (2 vaccines)?		
<input type="checkbox"/> No – Proceed to 2(a)	<input type="checkbox"/> Yes – Assess the risk and follow your Exposure Control Plan .	
2.(a) Have you had one vaccine?		
<input type="checkbox"/> No – Proceed to 3.	<input type="checkbox"/> Yes – Assess the risk and follow your Exposure Control Plan .	
3. Have you recently travelled out of the Territory?		
<input type="checkbox"/> No – Proceed to 4.	<input type="checkbox"/> Yes – Assess the risk and follow your Exposure Control Plan .	
4. Have you been in close contact with:		
<ul style="list-style-type: none"> • someone confirmed to have COVID-19; • someone who is being investigated for COVID-19; • someone who has symptoms of COVID-19; or, • someone who has recently travelled out of the Territory? 		
<input type="checkbox"/> No – Proceed to 4.	<input type="checkbox"/> Yes – Assess the risk and follow your Exposure Control Plan .	
5. Inform person of rules in place for:		
<input type="checkbox"/> Check-in	<input type="checkbox"/> Hand washing	<input type="checkbox"/> Sanitizing between clients
<input type="checkbox"/> Use of face covering	<input type="checkbox"/> Controlled movement in space	<input type="checkbox"/> Check-out
Other considerations:		