

Registration Table

Role Description

This person will:

- ✓ Prepare parking areas by putting out traffic cones to reserve a row of the parking lot
- ✓ Put out portable sign to indicate the entrance to the clinic
- ✓ Greet the participant and screen them in
- ✓ Review the consent form with the participant to inform them of the testing process
- ✓ Prepare swab labels with two unique identifiers
- ✓ Provide participant with the “What Happens Next” flyer
- ✓ Direct participant to the swab collection station

Personal Protective Equipment

- Medical Mask
- Eye Protection



Cleaning & Disinfecting

- Sanitize any shared items (pens, clipboards) with alcohol swabs before re-use
- Use disinfecting wipes on table and chairs used between each participant

Intake & Consent

- Verbally read over the consent form with the participant
- Ensure they fill out each section and that all information is easy to read
- Add a star(*) to the top of the form if the person is a drop-in participant to flag this for later documentation

Once completed, give the participant the consent form to take with them to the swab collection station

When leaving the registration station, the participant will have with them:

Their signed consent form + “What Happens Next” flyer + 2 labels



Rapid Testing: Active Screening

Take the participant's temperature using an infrared thermometer

Ask the following questions:

1. Do you have any of the following symptoms or signs (that are different or worse than your normal health)?

New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nausea/vomiting, diarrhea and/or abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nasal congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

2. Have you travelled out of the country or had close contact with anyone that has travelled out of the country in the past 14 days?

Yes

No

3. Do you have a fever? (take temperature; fever is considered for staff at 37.8°C or higher)

Yes

No

4. Have you had close contact with anyone with undiagnosed acute respiratory illness or a confirmed or probable case of COVID-19 in the last 14 days?

Yes

No

5. Have you previously tested positive for COVID-19? *

Yes

No

If they answered "NO" to questions from 1 through 5 they have passed and may enter.

*If the person answered 'yes' to question 5, counsel them that they are not eligible for rapid testing, as they may continue to test positive without being currently infectious.

Document results of screening on attendance sheet.