COVID 19 SCREENING TOOL FOR VISTORS/PATIENTS  EFFECTIVE JULY 16 2021

Name: ___________________________  Tel #: ___________________________

1. **Are you experiencing any of the following symptoms?**
   - Fever (37.8 C or higher) and/or chills
   - Cough that is new or worsening
   - Shortness of breath/ difficulty breathing
   - Sore throat/ difficulty swallowing
   - Runny nose, sneezing, nasal congestion (not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have)
   - Decrease or loss of taste or smell
   - Pink eye
   - Nausea, vomiting, or diarrhea
   - Abdominal pain that is persistent or ongoing
   - New or worsening headache
   - Extreme tiredness (not related to getting a COVID-19 vaccine in the last 48 hours, depression, insomnia or other known causes you already have)
   - Muscle aches/ joint pain that is unusual or long lasting (not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, or other known causes or conditions you already have).

   **YES**   **NO**

2. **Have you been tested for COVID-19 due to symptoms and are awaiting the results?**

   **YES**   **NO**

3. **Have you had close contact with a probable or confirmed case of COVID-19 in the last 14 days without appropriate personal protective equipment?**
   ("close contact" is defined as a person who had close (less than 2 meters) unprotected contact, from up to 2 days before the person who tested positive was sick).

   **YES**   **NO**

4. **Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**

   *If you are fully vaccinated (it has been 14 or more days since your final dose of the two-dose vaccine series), answer “No”.*

   **YES**   **NO**

5. **In the last 14 days have you or anyone you live with travelled outside of Canada and been directed by the Canadian Border Services Agency to isolate for 14 days?**

   **YES**   **NO**