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

Name: ___________________________ DATE: _______________ 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