

COVID-19 Screening

1. Do you have a fever? *

*

YES

NO

2. Did you have close contact with anyone with acute respiratory illness or travelled outside your province of residence within the last 14 days? *

YES

NO

3. Do you have any of the following signs or symptoms? *

New onset of cough

Sore throat

Difficulty swallowing

Sneezing (not allergy related)

Hoarse voice

Headache

Pink eye (conjunctivitis)

Nausea/vomiting, diarrhea, abdominal pain

Runny nose/nasal congestion without other known

cause

Worsening chronic cough

Shortness of breath

New loss or decrease in sense of taste/smell

Nasal congestion

Chills

Unexplained fatigue/malaise/muscle aches

Difficulty Swallowing

Difficulty breathing

4. Do you have a confirmed case of COVID-19 or had close contact with a confirmed/probable/suspected case of COVID-19? *

YES (if yes, continue to next question)

NO (if no, your screening is complete)

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures, when you had close contact with a suspected or confirmed case of COVID-19? *

YES

NO

If you have answered "no" to questions 1, 2 and 4 and have no signs or symptoms, you may proceed with your appointment. If you have answered "yes" to questions 1, 2 and 4 and have checked off signs or symptoms, you may need to reschedule your appointment. If you have answered "yes" to question 4 and "yes" to question 5, you may proceed with your appointment.