



COVID-19 SCREENING

If you answer YES to any of the below (except the last question),
please call our office immediately to discuss.

Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?

Do you have a confirmed case of COVID-19 *within the past 4 weeks*, or had close contact with a confirmed case of COVID-19 within the past 4 weeks without wearing appropriate PPE?

Do you have any of the following symptoms:

- Fever / Sore throat / Difficulty swallowing
- New onset of cough / Worsening chronic cough
- Shortness of breath / Difficulty breathing
- Decrease or loss of taste or smell
- Chills / Headaches / Pink eye (conjunctivitis)
- Unexplained fatigue / Malaise / Muscle aches (myalgias)
- Nausea / Vomiting / Diarrhea / Abdominal pain
- Runny nose / nasal congestion without other known cause

If you are over 70 years old: Are you experiencing any of the following symptoms:

- Delirium
- Unexplained or increased number of falls
- Acute functional decline / Worsening of chronic conditions

Have you been vaccinated for COVID-19?

- 1st Shot Date:
- 2nd Shot Date: