



COVID-19 / INFLUENZA SCREENING QUESTIONNAIRE

Please review ALL the following questions before proceeding with EACH appointment:

1. Do you have any new or worsening flu/cold-like symptoms (even mild):

- | | | | |
|---------------------------------------|--|--|--------------------------|
| <input type="checkbox"/> cough | <input type="checkbox"/> sore throat and painful swallowing | <input type="checkbox"/> headache | <input type="checkbox"/> |
| <input type="checkbox"/> fever/chills | <input type="checkbox"/> stuffy / runny nose (non-allergy related) | <input type="checkbox"/> hoarseness of voice | none |
| <input type="checkbox"/> muscle aches | <input type="checkbox"/> nausea and vomiting | <input type="checkbox"/> diarrhea / abdominal pain | |

2. Do you have any new or worsening breathing problems:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> mild to moderate shortness of breath | <input type="checkbox"/> speaking in single words | <input type="checkbox"/> |
| <input type="checkbox"/> difficulty or struggling to breathe | <input type="checkbox"/> inability to lie down due to difficulty breathing | none |
| <input type="checkbox"/> any chronic health conditions that you have problems managing due to difficulty breathing | | |

3. Any general unwell or unusual feelings:

- | | | | |
|---|--|---|--------------------------|
| <input type="checkbox"/> fatigue | <input type="checkbox"/> new or severe chest pain | <input type="checkbox"/> losing consciousness | <input type="checkbox"/> |
| <input type="checkbox"/> feeling confused | <input type="checkbox"/> having a very hard time waking up | | none |

4. Any of the following changes:

- | | | | |
|---|---|---|--------------------------|
| <input type="checkbox"/> loss of appetite | <input type="checkbox"/> loss of sense of smell/taste | <input type="checkbox"/> new/unexplained skin rash? | <input type="checkbox"/> |
| | | | none |

5. I have been in contact with, or provided care to, a person with confirmed COVID-19 or any flu/cold like symptoms. no

- If any of the above are applicable, that individual may not come into this clinic. Please follow Provincial Public Health guidelines on Self-Isolation.

- If none of the above apply to you, you may enter if there is no other patient in the clinic. Please follow masking, physical distancing and hand sanitizing procedures as appropriate.