PRIMARY CARE HEALTH SCREENING QUESTIONNAIRE

WELCOME!

We take your health and safety seriously. To help us provide you with the best care, please respond to the following questions. Even if you answer yes, we will still provide you with the service you are seeking, but we may take additional precautions to protect you and others.

CHECK THE BOX IF IN THE LAST 14 DAYS YOU HAVE...

- ☐  Been ordered to quarantine after travel outside of Canada
- ☐  Been told to self-isolate by Public Health following a COVID-19 close contact exposure
- ☐  Had a COVID-19 test or been told to have a COVID-19 test by a health professional

CHECK THE BOX IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS...

- ☐  Fever or chills
- ☐  A new or worsening cough
- ☐  A new rash
- ☐  Vomiting within the last 48 hours
- ☐  Loss of sense of smell or taste
- ☐  Difficulty breathing that is new or worse than usual

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE NOTIFY ONE OF OUR STAFF MEMBERS IMMEDIATELY.

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IF PATIENT ANSWERS "YES" TO ANY OF THE FOLLOWING, APPLY DROPLET PRECAUTIONS: UNLESS PATIENT HAS HAD A NEGATIVE COVID-19 TEST POST-ONSET OF SYMPTOMS.

IN THE LAST 14 DAYS, HAVE YOU...

Been ordered to quarantine after travel outside of Canada?

Been told to self-isolate by Public Health following a COVID-19 close contact exposure?

Had a COVID-19 test or been told to have a COVID-19 test by a health professional?

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

Fever or chills

A new cough or worsening of a chronic cough

A new rash

Vomiting within the last 48 hours

Loss of sense of smell or taste

Difficulty breathing that is new or worse than usual