

COVID-19 Screening for Close Contact Patient Appointments

Please use this screening tool to review patient symptoms or risk of having COVID-19.

Screening Questionnaire:

1. Will you have anyone accompanying you? **Another screening is required if Yes* **Yes** **No**

2. Do you have any of the following symptoms? (check all that apply)
 - new or worsening cough
 - shortness of breath or difficulty breathing
 - temperature equal to or over 38°C (100.4 F)
 - feeling feverish
 - chills
 - fatigue or weakness
 - muscle or body aches
 - new loss of smell or taste
 - headache
 - sore throat
 - runny nose / sneezing
 - gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
 - feeling very unwell

3. Have you (or anyone you live with) travelled in the past 14 days? **Yes** **No**

4. Have you tested positive for COVID-19 or have had close contact with a person with a confirmed case of COVID-19 **Yes** **No**

5. Are you awaiting COVID-19 test results? **Yes** **No**

6. Have you been instructed by local public health authorities to self-isolate due to travel, contact history or awaiting COVID-19 test results? Yes No

If **YES** to any of the above questions, please provide more information.

REMINDER: Patients and anyone accompanying them need to **wear a mask** and **use hand sanitizer**.