

Screening Questions	Pre-Screen		In-Office	
Have you travelled outside of Canada in the past 14 days?	YES	NO	YES	NO
Have you tested positive to COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?	YES	NO	YES	NO
<p>Do you have any of the following symptoms:</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• New onset of cough</li> <li>• Worsening chronic cough</li> <li>• Shortness of breath</li> <li>• Difficulty breathing</li> <li>• Sore throat</li> <li>• Difficulty swallowing</li> <li>• Decrease or loss of sense of taste or smell</li> <li>• Chills</li> <li>• Headaches</li> <li>• Unexplained fatigue/malaise/muscle aches (myalgias)</li> <li>• Nausea/vomiting, diarrhea, abdominal pain</li> <li>• Pink eye (conjunctivitis)</li> <li>• Runny nose/nasal congestion without other known cause</li> </ul>	YES	NO	YES	NO
If you are 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	YES	NO	YES	NO