










COVID-19 – Patient Screening

Anyone who has these symptoms **MUST SELF-ISOLATE** for a minimum 14 days or until symptoms resolve.

Please check any that apply to you:

-  **FEVER OR CHILLS**
-  **NEW ONSET OF COUGH**
-  **SHORTNESS OF BREATH**
-  **DIFFICULTY BREATHING OR SWALLOWING**
-  **SORE THROAT OR HOARSE VOICE**
-  **NEW OR WORSENERD HEADACHE**
-  **RUNNY NOSE OR SNEEZING**
-  **LOST OF TASTE OR SMELL**

-  **UNEXPLAINED FATIGUE**

- UNEXPLAINED DIGESTIVE ISSUES (NAUSEA, VOMITTING, DIARRHEA)**

- Have you travelled outside Ontario within the last 14 days or been in contact with someone who has?

- Have you been in close contact with a confirmed or probable case of COVID-19?

If YES to TWO or more, please stay home and remain in self-isolation for 14 days. Your appointment will need to be rescheduled to a future date.