

COVID – 19 Clinic Screening Form

Prior to scheduling or accepting a patient for an in office appointment the patient must be screened: On the phone ask the patient:

Do you have a: Fever Yes No cough Yes No shortness of breath, or difficulty breathing, Yes No

In the 14 days before your appointment, have you:

Travelled anywhere outside of Canada;

Yes No

Had close contact* with a confirmed or probable case of COVID-19;

Yes No

Had close contact* with a person with acute respiratory illness who has travelled anywhere outside of Canada within the last 14 days before their illness;

Yes No

Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 virus.

Yes No

Lived with or otherwise had close prolonged contact (within 2 metres) with someone while they were infectious

Yes No

If your patient answers "Yes" to any of the above questions they must be instructed to stay home, self quarantine and not be seen or given an appointment. If the patient believes they are in an emergency situation, they should be directed to the nearest hospital emergency department.

I state that the above answers are truthful: _____

Name: _____

Date: _____

* A close contact is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment

Practitioner/Clinic Staff: _____

Date: _____