



COVID-19 Screening

1) Did you receive your second/final vaccination dose more than 14 days ago?

2) Do you have any of the following symptoms?

- Fever and/or chills
- New onset of cough or worsening chronic cough
- Shortness of breath
- Decrease or loss of sense of taste or smell
- If adult >18 years of age: unexplained fatigue/lethargy/malaise/muscle aches (myalgias)
- If child <18 years of age: nausea/vomiting, diarrhea

3) Have you tested positive for COVID-19 in the past 10 days, or have you been told you should be isolating?

If you are fully immunized (i.e., you answered “Yes” to Q1), your screen is complete.

If you are not fully immunized (i.e., you answered “No” to Q1), please continue and answer Q4 and Q5.

4) Did you travel outside of Canada in the past 14 days? If “yes”, have you been advised to quarantine per federal quarantine requirements?

5) Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

If the response to **ALL** screening questions #2-3 or 2-5 is **NO** =
your **COVID Screen is Negative**, and you may attend your appointment

If the response to **ANY** screening question #2-3 or 2-5 is **YES** =
your **COVID Screen is Positive**, and you **MAY NOT** attend your appointment in-person. Please call the clinic at 519-733-4008 for your next steps.