

# Coronavirus COVID-19

TO FILL 24 HOURS BEFORE THE APPOINTMENT AND AT ENTRANCE OF THE CLINIC

Prior to your appointment, please print this form, answer ALL the questions and bring the completed form with you to your appointment. Your answers will determine if there are any special considerations required for your appointment. Thank you.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Who is answering the questions? \_\_\_ Patient \_\_\_ Other (specify) \_\_\_\_\_

	Screening Questions	24 HR BEFORE		IN CLINIC	
		DATE:	DATE:	DATE:	DATE:
1	Do you have a fever or have you felt hot or feverish or had flu like symptoms at any time in the last two weeks ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Diarrhea? Fatigue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have you experienced a recent loss of smell or taste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have you been in contact with any confirmed COVID-19 positive patients, or persons self isolating because of a determined risk for COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Have you returned from travel within Canada from a location known to be infected with COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Is your work place considered to be high risk for COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Have you been recently tested for COVID-19 and are currently waiting for results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand that the current pandemic requires new asepsis and protocols, and additional steps have been taken to further enhance safety of all patients and staff members. To cover the cost for newly incorporated personal protective equipment (PPE) and infection protocols there will be a **\$10** additional fee added to your invoice. I understand some insurers may not recognize this yet.

(Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Staff screener: \_\_\_\_\_ Date: \_\_\_\_\_



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