PRIMARY CARE HEALTH SCREENING QUESTIONNAIRE

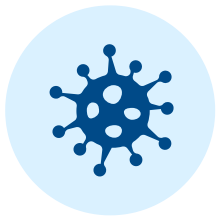
WELCOME TO THE CLINIC!

We take your health and safety seriously. To help us provide you with the best care, please respond to the following questions. Be assured that your answers will not prevent us from providing you with the service you are seeking, but we may take additional precautions to protect you and others.

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, PLEASE NOTIFY ONE OF OUR STAFF MEMBERS IMMEDIATELY.

IN THE LAST 14 DAYS, HAVE YOU...

Been ordered to quarantine after travel outside of Canada



Been told to self-isolate by Public Health following a Covid-19 close contact exposure

Had a COVID-19 test or been told to have a COVID-19 test by a health professional

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

Loss of sense of smell or taste

A new cough

Difficulty breathing that is new or worse than usual

A new rash

Fever or chills

Worsening of a chronic cough

Vomiting within the last 48 hours

A sore throat