

Pre-Screening Questions

1 Do you have any of the following new or worsening symptoms or signs?

Symptoms should not be chronic or related to other known causes or conditions.

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| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Decrease or loss of smell or taste |
| <input type="checkbox"/> Difficulty breathing or shortness of breath | <input type="checkbox"/> Runny nose or nasal congestion |
| <input type="checkbox"/> New or worsening cough | <input type="checkbox"/> Nausea, vomiting, diarrhea, abdominal pain |
| | <input type="checkbox"/> Not feeling well, extreme tiredness, sore muscles |

If **yes** to any, **delay your visit**.

2 Have you been asked by Public Health or any healthcare practitioner to self-isolate for any reason including: testing positive on a Rapid Antigen Test; close contact with a symptomatic person who is isolating or who has tested positive for COVID-19; awaiting COVID-19 test results; or worked in a different location that is currently experiencing an outbreak?

If **yes**, **delay your visit**.

3 Have you traveled outside of Canada in the past 14 days and have you been asked to quarantine or self isolate at home for any reason?

If **yes**, **delay your visit**. You must follow the Public Health Agency of Canada instructions related to mandatory quarantine restrictions when returning from travel outside of Canada.

4 Have you had a positive COVID-19 test result in the past ten days and/or have you been in close in contact with someone who has tested positive with COVID-19 or has symptoms of COVID-19?

If **yes**, **delay your visit** until you are past your isolation period and you are symptom free.