

Patient Screening Form

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/malaise/muscle aches (myalgias)

If **child** < 18 years of age: nausea/vomiting, diarrhea

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

Did you receive your final (or second) vaccination dose more than 14 days ago?
If **you are NOT fully immunized**, please proceed to following questions:

Have you travelled outside of Canada in the past 14 days?

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