Mandatory COVID-19 Screening

Intro

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy!

Survey

1. Do you have a fever?

Yes No

2. Do you have any of the following signs or symptoms?

New onset of cough
Sore throat
Difficulty breathing
Runny nose
Hoarse voice
Chills
Unexplained fatigue or malaise
Nausea/vomiting, diarrhea, abdominal pain
Worsening chronic cough
Shortness of breath
New loss or decrease in sense of taste or smell
Sneezing (not allergy related)
Nasal congestion
Headache
Difficulty swallowing

3. Have you travelled or have had close contact with anyone who has travelled in the past 14 days?

Yes No

4. Are you currently mandated to quarantine or isolate during this time?

Yes No

If you have answered "yes" to questions 1, 3, 4 or have checked off signs or symptoms, you may need to reschedule your appointment.

5. Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of COVID-19?

Yes (*if yes, go to question 6*) No (*if no, screening is complete*)

6. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures when you had close contact with a suspected or confirmed case of COVID-19?

Yes No

If you have answered "yes" to question 5 but "yes" to question 6, you may proceed with your appointment.

7. Have you, a close contact or someone in your household been told to self-isolate or quarantine in the last 14 days?

Yes No

If you answer “yes” to question 7, please indicate exposure date and please cancel your appointment and stay home to isolate.