

## COVID-19 Essential Visitor Screening Questionnaire

We require you to complete the below questionnaire to assist in determining your fitness for visitation during the COVID-19 pandemic to provide a safe environment for staff, therapists, and patients at the clinic.



The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used solely for the purposes of determining fitness for visitation during the pandemic.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies will still be able to visit.

### Risk Assessment: Screening Questions

1.	<p>Do you currently have any of the following symptoms which are <b>new</b> or <b>worsening</b>?</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Chills</li> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Difficulty breathing</li> <li>• Sore throat</li> <li>• Runny nose</li> <li>• Nasal congestion</li> <li>• Headache</li> <li>• Feeling unwell in general, or new fatigue or severe exhaustion</li> <li>• Loss of sense of smell, taste or loss of appetite</li> <li>• Gastrointestinal symptoms (nausea, vomiting, diarrhea)</li> <li>• Conjunctivitis (commonly known as pink eye)</li> </ul>	YES	NO
2.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
3.	<p>Have you, or anyone in your household, had unprotected, close personal contact** with an individual who has:</p> <ul style="list-style-type: none"> <li>• a confirmed or presumptive case of COVID-19</li> <li>• any of the symptoms noted in question 1</li> <li>• an acute respiratory illness that has started in the last 14 days</li> </ul> <p>** Close personal contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.</p>	YES	NO

**Answering YES to any of the above questions indicates that an individual may have been exposed to COVID-19 and should self-isolate and call HealthLink 811 for further direction. This indicates that a person IS NOT eligible for care at the clinic at this time.**

**Answering NO to all of the above questions indicates that a person IS eligible for care at the clinic at this time.**