COVID-19 SCREENING QUESTIONS

Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?	☐ NO	☐ YES
Do you have a confirmed case of COVID-19 or have you had close contact with a confirmed case of COVID-19?	☐ NO	☐ YES
Do you have any of the following symptoms? • Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore Throat • Difficulty swallowing • Decrease of loss of sense of taste or smell • Chills • Headaches • Unexplained fatigue/malaise/muscle aches (myalgias) • Nausea/vomiting, diarrhea, abdominal pain • Pink eye (conjunctivitis) • Runny nose/nasal congestion without known cause	☐ NO	☐ YES
If you are 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	☐ NO ☐ N/A	☐ YES

If response to **ALL** of the screening questions is **NO**:	**COVID Screen Negative**
If response to **ANY** of the screening questions is **YES**:	**COVID Screen Positive**

1-June-2020