



COVID-19 SCREENING QUESTIONS

<p>Background question: Q1: Did you receive your final (or second) vaccination dose more than 14 days ago? If yes – patient is “fully vaccinated” for the questions below.</p>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<p>Long-term Care or Retirement Home Resident: Q2: Do you have a concern for a potential COVID-19 infection (e.g. is there an outbreak in the facility, are you awaiting COVID-19 results, etc.)?</p>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES
Screening Questions:		
<p>Q3: Do you have any of the following symptoms?</p> <ul style="list-style-type: none"> • 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/lethargy/malaise/muscle aches (myalgias) • If child <18: nausea/vomiting, diarrhea 	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<p>Q4: Have you tested positive for COVID-19 in the past 10 days or been told you should be isolating?</p>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Screening Questions (only to be asked if NOT FULLY VACCINATED):		
<p>Q5: Did you travel outside of Canada in the past 14 days?</p>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES
<p>Q6: Have you had a close contact with a confirmed case of COVID-19 without wearing appropriate PPE?</p>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> 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