COVID 19 Patient Screening Guidance( Copied from Ontario Ministry of Health)

The Screening result is not equivalent to a confirmed diagnosis of COVID 19. This Screening tool is based on the latest COVID 19 case definition effective August 26, 2021

1. Did you receive your final (or second) vaccination dose more than 14 days ago?

2. If your answer is NO to the above question, please answer the following A and B questions

A. Did you travel outside of Canada in the past 14 days?

B. Have you had close contact with a confirmed case of COVID-19 without wearing appropriate personal protective equipment?

3. Please check if you have any of the following signs and 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 over 18 years of age :Unexplained fatigue/ lethargy/Malaise/muscle aches (myalgias)

If child under 18 years of age: Nausea/vomiting, diarrhea

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

If response to all of the screening questions is NO, Covid 19 screen Negative

If response to ANY of the screening question( Except question#1) is YES, Covid 19 screen Positive

If patient or essential visitor screens positive, the appointment should be deferred and patient referred for testing, contact your Primary Health Care provider or Telehealth (1866-797-0000)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_