

## Passive Pre-screening Questionnaire

- Do you have a fever, onset of a new cough, worsening of a chronic cough, shortness of breath, or difficulty breathing?
- Have you been in contact with anyone with acute respiratory illness, or travelled outside of Canada in the last 14 days.
- Do you have a confirmed case of COVID-19 or been in contact with a person who has had a confirmed case of COVID-19
- Do you have **two** or more of the following symptoms:

Sore throat

Hoarse voice

Difficulty swallowing

Decrease or loss of sense of smell or taste

Chills

Headaches

Unexplained fatigue

Diarrhea

Abdominal pain

Nausea/Vomiting

Pink eye

Runny nose/ sneezing without other known cause

Nasal congestion without other known cause

- If you are 65 years of age or older and you are experiencing any of the following symptoms:

Delirium

Unexplained or increased frequency of falls

Acute functional decline

Worsening of chronic conditions

- If you answered yes to any of these questions please do not book an appointment and consult your medical physician or telehealth.