

# **PLEASE READ PRIOR TO ENTERING CLINIC**

**1. Have you received your final (or second) vaccine dose more than 14 days ago?**

If **YES** – proceed to Questions 2 & 3

If **NO** – proceed to Questions 2, 3, 4, 5

**2. Do you have any of the following 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 > 18 years of age: unexplained fatigue/lethargy/malaise/muscle aches (myalgias)
- If child < 18 years of age: nausea/vomiting, diarrhea

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

**4. Did you travel outside Canada in the past 14 days?**

**5. Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?**