

Covid-19 Patient Screening Instrument Questions

1. Is the person presenting with fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?

YES NO

2. Did the person have close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?

YES NO

3. Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

YES NO

4. Does the person have two (2) or more of the following symptoms?

- Sore Throat
- Hoarse Voice
- Difficulty Swallowing
- Decrease or lose of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise
- Diarrhea
- Abdominal pain
- Nausea/vomiting
- Pink eye (conjunctivitis)
- Runny nose/sneezing without other known cause
- Nasal congestion without other known cause

YES NO

Each bullet within question 4 represents one (1) symptom; any two (2) symptoms would provide a positive screening

5. If the person is 65 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

YES NO

If a patient has answered **yes** to any of these questions, they should be advised to:

- Not attend in person at the member's office for at least 14 days.
- Complete the [Ontario Government's self-assessment](#); and
- Contact an appropriate authority such as their family physician, [local medical officer of health](#) or [Telehealth Ontario](#).

This checklist provides basic information only and contains recommendations for COVID-19 screening. The screening result is not equivalent to a confirmed diagnosis of COVID-19.

If response to ALL the screening questions is NO	COVID SCREEN NEGATIVE
If response to ANY of the screening questions is YES	COVID SCREEN POSITIVE

COVID Screen **NEGATIVE** can be seen in our clinic for care if they qualify. Call us at (905) 934-7776