

COVID-19 PRE-VISIT CHECKLIST

1. Have you travelled outside of Canada in the last 14 days?

Yes No

2. Are you experiencing any of the following symptoms of COVID-19?

- a. Fever
- b. New onset of cough
- c. Chills
- d. Unexplained fatigue
- e. Headache
- f. Sore Throat
- g. Runny Nose
- h. Stuffy or Congested Nose
- i. Lost sense of taste or smell
- j. Difficulty breathing
- k. Difficulty swallowing
- l. Pink eye
- m. Digestive issues (nausea/vomiting, diarrhea, stomach pain)

Yes No

3. Have you been in close contact with a person showing symptoms or who has tested positive for COVID-19?

Yes No

4. Have you been in close contact with a person with acute respiratory illness who has been outside of Canada in the last 14 days?

Yes No