

# COVID-19 Screening Questions

1: Have you travelled outside of **Canada** in the past **14 days**?

2: Have you **tested positive** for COVID-19 **or** had close contact with a confirmed case of COVID-19?

3: Do you **or** a close contact have any of the following symptoms?

- Fever and/or chills
- New onset of cough or worsening of chronic cough
- Shortness of breath
- Sore throat
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause
- Delirium
- Acute functional decline
- Worsening of chronic conditions.

**If you had answered yes to any of the questions, please contact our office at 416.533.8787 BEFORE your appointment.**