

COVID19 SELF-SCREENING QUESTIONS

1. Do you have any of the following symptoms today?

- Fever (higher than 37.5 C)
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of 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

2. Have you:

- Travelled outside of Canada in the past 14 days
- Tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE

3. If you're over 70 years of age, are you experiencing any of the following?

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions

Answering "Yes" to any of the above questions prohibits your attendance to our clinic. Please call to reschedule your appointment 14 days from today at 905 737 0810.

Complete the Ontario Government's Self-Assessment Tool at www.ontario.ca and contact Telehealth Ontario at 1-866-797-000. You may want to consider phone or virtual sessions to address your concerns in the interim.