

Mandatory COVID-19 Screening

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy!

1. Do you have a fever? - *Required*

Yes

No

2. Do you have any of the following signs or symptoms?

New onset of cough

Worsening chronic cough

Sore throat

Shortness of breath

Difficulty breathing

New loss or decrease in sense of taste or smell

Runny nose

Sneezing (not allergy related)

Hoarse voice

Nasal congestion

Chills

Headach

Unexplained fatigue or malaise

Difficulty swallowing

Nausea/vomiting, diarrhea, abdominal pain

3. Have you travelled or have had close contact with anyone who has travelled in the past 14 days? - *Required*

Yes

No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of COVID-19? - *Required*

Yes (if yes, go to question 5)

No (if no, screening is complete)

Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask, and gown or N95 with aerosol generating medical procedures) when you had close contact with a suspected or confirmed case of COVID-19?

Yes

No

If you have answered "yes" or questions 1, 3, or have checked off any of the listed signs or symptoms, please call the office at (519) 339-0113 BEFORE arriving for your appointment, as we may need to cancel or reschedule. If you have answered "yes" to question 4 but also "yes" to question 5, you may proceed with your appointment.