

Client In-Person Pre-Appointment COVID-19 Screen Questionnaire

Please circle one response for each of the following questions.

Have you had close contact with anyone with acute respiratory illness?	Yes	No
Have you travelled outside Ontario in the past 14 days?	Yes	No
Have you or your anyone in your household had a confirmed case of COVID-19, or had close contact with a confirmed case of COVID-19?	Yes	No
Do you have any of the following symptoms?		
Fever?	Yes	No
New onset or worsening chronic cough?	Yes	No
Shortness of breath?	Yes	No
Difficulty breathing?	Yes	No
Sore throat?	Yes	No
Difficulty swallowing?	Yes	No
Decrease or loss of sense of taste or smell?	Yes	No
Chills?	Yes	No
Headaches?	Yes	No
Unexplained fatigue/malaise/muscle aches?	Yes	No
Nausea/vomiting, diarrhea, abdominal pain?	Yes	No
Pink eye (conjunctivitis)?	Yes	No
Runny nose/nasal congestion without other known cause?	Yes	No
For those 70 or older : Are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	N/A Yes	No

COVID-19 Screen Results:

If your response to ALL questions is NO → COVID-19 Screen Negative

If your response to ANY of the questions is YES → COVID-19 Screen Positive

If you Screen Positive: Contact the COVID-19 Assessment Centre in Brantford

<http://www.bchsys.org/en/covid-19.aspx#COVID-19-Assessment-Centre>