

## PATIENT PRE-SCREENING PROTOCOL

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_ Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Tel. No. (Preferred): \_\_\_\_\_ Email Address: \_\_\_\_\_

## COVID-19 PRE-SCREENING

### As of today:

Do you have a fever, a cough, a sore throat, a running nose and unexplained rash or difficulty breathing?      **Yes:**      ☐      **No:**      ☐

Have you returned from travel outside of the province in the last 14 days?      **Yes:**      ☐      **No:**      ☐

Have you had close contact with a suspected, confirmed or probable case of COVID-19?      **Yes:**      ☐      **No:**      ☐

**Patient Temperature (Current):** \_\_\_\_\_