



COVID-19 SCREENING QUESTIONNAIRE

DATE: (dd/mm/yyyy) _____

1. Do you have a fever? (take temperature; fever is a temperature of 37.8°C or greater)
 Yes No

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

<input type="checkbox"/> New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Runny nose or sneezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Hoarse voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Have you travelled internationally from March 14th to present (outside of Canada)?
 Yes No

4. Have you had close contact with a person who has respiratory illness AND has travelled outside of Canada in the last 14 days?
 Yes No

5. Have you had contact with a confirmed COVID-19 positive person within the community?
 Yes No

6. Is a household member with whom you have had close physical contact, currently being investigated for COVID-19 or has influenza-like illness?
 Yes No

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES

PLEASE ADVISE US AND WE WILL RESCHEDULE YOUR APPOINTMENT

THANK YOU FOR YOUR COOPERATION!



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