

# Covid-19 Patient Screening Questionnaire



If you are coming in for an appointment, please print and complete this form and bring it with you to your appointment

<b>1</b> Do you have confirmed COVID-19 <b>OR</b> have you had close contact with a confirmed or suspected case <b>in the last 14 days?</b>	YES	NO
<b>2</b> Are you or a close contact awaiting the results of a COVID-19 test, <b>OR</b> are you under direction by a <b>public health authority to self-isolate?</b>	YES	NO
<b>3</b> Have you had close contact with anyone with acute respiratory (breathing) illness <b>OR</b> have you or a close contact traveled outside of Canada in the last 14 days?	YES	NO
<b>4</b> Do you or a close contact have any of these symptoms?	YES	NO
*sore throat?                      *hoarse voice?                      *nausea/vomiting? *difficulty swallowing?        *pink eye?                            *chills? *not feeling well?                *headaches?                        *diarrhea? *Unexplained fatigue?        *abdominal pain?                *decrease OR loss of sense of taste or smell? *runny nose/ sneezing without other known cause? *nasal congestion without other known cause?		
<b>5</b> Answer this question <b>only IF you are 70 years old or older</b> , Are you experiencing any delirium (confusion), unexplained or increased number of falls, acute functional decline or worsening of chronic conditions?	YES	NO

If you have circled YES to any of the above questions, you CANNOT come in the office. Please call us at 519-426-3123 to cancel your appointment today and reschedule for when you are well.

**AND**

Call Telehealth Ontario (1-886-797-0000) or your local Health Unit and tell them you have screened positive for Covid-19. A positive screening does not automatically mean that you have COVID - 19. A positive screening means that you need further direction on if you need to be tested.

**If you have answered NO to all questions** and accept that Simcoe Optometric Clinic cannot guarantee that you will not be exposed to COVID- 19 or other illness by attending your appointment, please sign and date. If you are not willing to accept the risk at this time, we would be happy to reschedule you for a later date.

I understand that Simcoe Optometric Clinic is compliant with the guidelines issued by the Government of Canada, Ontario Ministry of Health, our local Public Health Unit and the College of Optometrists of Ontario.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_