



COVID-19 Patient Screening Tool

Patients are required to self-screen for COVID-19 symptoms and exposure prior to their appointment. Once completed, please email us a copy of the form or call us. You may bring a copy to your appointment.

SYMPTOMS

Do you have any of the following symptoms?

- Fever (greater than 38°C) feverish or chills
- “New” onset of cough or increase in amount of coughing
- Shortness of breath/difficulty breathing
- “New” onset of sore throat/hoarse voice
- Loss of taste or smell
- Vomiting or diarrhea for more than 24 hours

Do you have two or more of the following symptoms?

- Sore muscles not related to over exertion or exercise
- Unusual headache
- Runny nose
- Fatigue
- Conjunctivitis (Pinkeye)
- Skin rash of unknown cause
- Nausea or loss of appetite

Note: Screening is intended to exclude symptoms related to chronic illness or seasonal allergies.

EXPOSURE

In the last 14 days, have you:

- Returned from travel outside of Manitoba, with the exception of travel to Western Canada, the Territories (Nunavut, Northwest Territories, Yukon) and northwestern Ontario (west of Terrace Bay)?
- Had close contact with a confirmed case of COVID-19, while not wearing required PPE and/or not practicing physical distancing (6 feet/2metres)?
- Have you been diagnosed as COVID positive and not deemed “recovered” by Public Health?

If you answered “no” to all of the above, you may attend your appointment.

If you answered “yes” to any of the above, your screening result is positive and you must **not attend your appointment.** You must self-isolate. If you are ill, we recommend you seek COVID testing.

Name:

Signature:

Date form filled:

Date of appointment: