

COVID 19 SCREENING QUESTIONNAIRE

Name:		Date:
Questions		Decision Protocol
1. Do you have any of the below symptoms? - a fever greater than > 37.8°C		If they answer YES to any symptom in Question 1 , ask them to self-isolate at home immediately and contact their local public health authority for further guidance.
- new onset of cough or worsening of chronic cough		
- new or worsening shortness of breath		
- new or worsening difficulty breathing		
- new or worsening sore throat		
- new or worsening runny nose		
2. Have you had chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, fatigue or severe exhaustion, nausea, vomiting, diarrhea or unexplained loss of appetite, confusion, extreme drowsiness, loss of consciousness , loss of sense of smell or taste or conjunctivitis (pink eye) not related to a pre-existing medical condition in the last 24 hours?		If they answer YES to Question 2 , rebook their appointment as per provincial public health guidelines.
3. In the last 14 days, have you or anyone in your household returned to Canada from outside the country (including the USA)?		If they answer YES to Question 3. or 3a. – rebook when they are outside the 14-day quarantine timeframe and symptom free.
a. Have you traveled outside Atlantic Canada(New Brunswick, Nova Scotia, NFLD,PEI) in the last 14 days?		
b. Did you have close contact with a person presenting with acute respiratory illness(cough and/or fever) who returned from travel outside of Canada in the last 14 days before they became sick?		
4. In the last 14 days have you tested positive or been in close contact with confirmed or probable case of COVID-19?		If they answer to YES Question 4 rebook when they are outside the 14-day timeframe period and have been provided clearance from public health.
a. HEALTHCARE WORKER(HCW)/ESSENTIAL SERVICE WORKER - In the last 14 days at work was the appropriate personal protective equipment worn with exposure?		
		If they answer YES Question 4 and YES to 4a. - they can proceed with appointment/work day.