

## Do any of the following apply?

- None
- Rash on the face or full body
- New/worse diarrhea in past 24 hours
- New/worse cough or fever in past 24 hours

## In the past 10 days (20 if immunocompromised), have you had any of the following new or worsening symptoms?

- None
- Fever/chills    Cough    Shortness of breath    Loss of taste/smell
- Diarrhea    Nausea/vomiting    Body aches    Headache    Extreme fatigue    Sore throat    Runny nose
- Have you tested positive for COVID-19?

## In the past 7 days,

- No
- Have you had close contact with anyone with COVID-19 or new respiratory illness?

### *If Patient Responds Yes, Action for Staff:*

*Ensure patient has mask, ask them to clean their hands, place in a single room or space away from others, and notify clinical staff.*

## Have you traveled outside of Canada in the last 21 days?

- No
- Yes, Country \_\_\_\_\_ Return Date \_\_\_\_\_