



COVID-19 Patient Screening Questionnaire

Effective August 26, 2021

Background Question

1. Did the person receive their final (or second) vaccination dose more than 14 days ago?
- YES NO

* A fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e. Johnson and Johnson).

Screening Questions

2. Does the person have any of the following symptoms?
- Fever and/or chills
 - New Onset of Cough or worsening chronic cough
 - Shortness of Breath
 - Decrease or loss of sense of taste or smell
 - If adult >18 years of age: unexplained fatigue/lethargy/malaise/muscle aches
 - If child <18 years of age: nausea/vomiting, diarrhea
- YES NO

3. Has the person tested positive for COVID-19 in the past 10 days or have they been told they should be isolating?
- YES NO

Q4 and Q5 should only be answered if the person is not fully immunized (i.e., they answered 'No' to Q1)

4. Did the person travel outside of Canada in the past 14 days?
- YES NO

5. Has the person had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
- YES NO

If a patient has answered yes to any of the screening questions (Q2, 3, 4, 5), they should be advised to:

- Not attend in person at the member's office for at least 14 days;
- Complete the Ontario Government's self-assessment; and
- Contact an appropriate authority such as their family physician, local medical officer of health or Telehealth Ontario.

COVID-19 Screening Results

If the response to ALL of the screening questions is NO :	COVID Screen Negative
If the response to ANY of the screening questions is YES :	COVID Screen Positive