**COVID-19 PRESCREEN QUESTIONNAIRE**

1) Have you had a confirmed case of COVID-19 or had close contact with anyone with acute respiratory illness or a confirmed/probable/suspected case of COVID-19?

**YES/NO**

2) Have you /someone you have come in contact with travelled outside of Ontario/Canada in the past 14 days?

**YES/NO**

3) Do you have any of the following symptoms – please circle any symptoms you currently experience

•Fever/chills •New onset of cough •Worsening chronic cough

•Shortness of breath •Difficulty breathing •Sore throat

•Difficulty swallowing •Decrease/loss of sense of taste/smell

•Headaches •Unexplained fatigue/malaise/muscle aches (myalgias)

•Pink eye (conjunctivitis) •Nausea/vomitting, diarrhea, abdominal pain

•Runny nose/nasal congestion without other known cause

If you have answered yes to any of the above questions, please contact Dr. Allison Reid at [reid.allisonm@gmail.com](mailto:reid.allisonm@gmail.com) before you book an appointment. Thank you.