

Dr Wendy Low and Dr Andrew Bala

COVID-19 Screening Questions

You will be asked these questions when the appointment is scheduled (pre-screen) and again in-office, on the day of the appointment

SCREENING QUESTIONS	Pre-Screen	In-Office
Have you had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?	YES NO	YES NO
Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19	YES NO	YES NO
Do you have any of the following symptoms: <ul style="list-style-type: none">• Fever• New onset of cough• Worsening chronic cough• Shortness of breath• Difficulty breathing• Decrease or loss of sense of taste or smell• Chills• Headaches• Unexplained fatigue/malaise/muscle aches• Nausea/vomiting, diarrhea, abdominal pain• Pink eye (conjunctivitis)• Runny nose/nasal congestion without other known cause	YES NO	YES NO
Are you 70 years of age or older, experiencing any of the following symptoms: Delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	YES NO	YES NO