



Date: \_\_\_\_\_

Individual being screened name: \_\_\_\_\_

Screened by: \_\_\_\_\_

**The following questions must be asked of patients and companions:**

Do you have current symptoms of COVID-19, such as:

Yes No

a fever,

a new or changed chronic cough,

a sore throat that is not related to a known or preexisting condition

a runny nose that is not related to a known or preexisting condition

nasal congestion that is not related to a known or preexisting condition

shortness of breath that is not related to a known or preexisting condition

Yes No

Have you traveled internationally within the last 14 days?

Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use).

**Answering YES to any of the above questions indicates that an individual is symptomatic of COVID-19, or may have been exposed to COVID-19. Individuals should be told to self-isolate and call HealthLink 811.**

**If the individual is a patient, they are not eligible for care at this time. If the individual is a practitioner or staff, they are not eligible for work at this time.**