

# COVID-19 | PRE-SCREENING QUESTIONNAIRE



(please complete no more than 24 hours before your appointment)

Within the last 14 days, have you experienced a new cough that you cannot attribute to another health condition?\*

- Yes  
 No

Within the last 14 days, have you experienced new shortness of breath that you cannot attribute to another health condition?\*

- Yes  
 No

Within the last 14 days, have you experienced a new sore throat, loss of taste or smell that you cannot attribute to another health condition?\*

- Yes  
 No

Within the last 14 days, have you had a temperature at or above 37.8°C or the sense of having a fever?\*

- Yes  
 No

Within the last 14 days, have you had close contact with someone who is or was sick with suspected or confirmed COVID-19? (Note: close contact is defined as within 6 feet for more than 10 consecutive minutes)\*

- Yes  
 No

Within the last 14 days, have you or a household member been isolating?\*

- Yes  
 No

If you answer yes to any of these questions, please reschedule your appointment.

## Terms and Conditions\*

I have read the Clinic Guidance and understand there are theoretical risks in attending my appointment and agree to attend the clinic.

- Yes

PATIENTS NAME

PATIENTS SIGNATURE

DATE: