

# COVID-19 Vaccination Clinic Screening Questions

## Instructions

Please complete this form on the day of your appointment, print it and bring it to your appointment.

If your answer is **Yes** to questions **2, 3** or **4**, or if you have any of the symptoms listed in question **1**, please reschedule your appointment for a day when you are symptom-free and can answer **No** to questions **2, 3** and **4**.

<b>1</b>	<b>Do you have any of the following symptoms?</b> <input type="radio"/> Fever (temperature of $\geq 37.8$ C) <input type="radio"/> Cough <input type="radio"/> Sore throat <input type="radio"/> Shortness of breath <input type="radio"/> Chills <input type="radio"/> Changes in your sense of taste/smell <input type="radio"/> Runny nose, sneezing, nasal congestion (not due to other underlying reasons like seasonal allergies or post-nasal drip) <input type="radio"/> Difficulty swallowing <input type="radio"/> New headache <input type="radio"/> Unexplained fatigue/malaise <input type="radio"/> Nausea, vomiting, diarrhea, abdominal pain	
<b>2</b>	<b>Have you been tested for COVID-19 due to symptoms and are awaiting results?</b> <small>(Asymptomatic/Surveillance testing does not apply and is not a reason for exclusion.)</small>	<input type="radio"/> Yes <input type="radio"/> No
<b>3</b>	<b>Have you tested positive for COVID-19 in the last 10 days?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>4</b>	<b>In the last 14 days, have you travelled outside Canada?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>5</b>	<b>In the past 14 days, have you had close*, unprotected contact with any of the following:</b>	
	a sick traveller	<input type="radio"/> Yes <input type="radio"/> No
	a suspected or confirmed case of COVID-19?	<input type="radio"/> Yes <input type="radio"/> No

\*Close, unprotected contact is defined as having provided care, had similar close physical contact, or had lived with or otherwise had close, prolonged contact without appropriate PPE.