

Westwood Optical COVID-19 Screening Questionnaire Phase 3

- Please **COMPLETE** and **PRINT** this form prior to your appointment. Please **BRING THIS FORM WITH YOU**. This will greatly speed the required **COVID-19 Screening Process** and **limit close proximity with staff**.
- An individual form is required for **BOTH** the **PATIENT** and **ANYONE ELSE** who must attend with the patient (eg: parent, spouse or support worker, etc).
- It is advised that patients **present unaccompanied** when possible to limit the number of people in the office
- **Important:** Please let us know if the **status of any of these answers changes** between the **time of completion** of the form and **your presentation to our office** for your appointment.
- **Please note:** current **COVID-19 Guidelines** require **CONTROLLED ACCESS** and **SOCIAL DISTANCING** within our office. Therefore you may find the doors locked and have to wait in your car until someone exits the building. We apologize for any inconvenience this may cause. These are unusual times. We thank you for your patience.

NAME: _____

DATE: _____

- 1 Y N Do you have a new onset of any of the following symptoms:
- chest pain
 - confusion
 - fever (>38C), chills,
 - cough, sore throat, hoarse voice,
 - shortness of breath, severe difficulty breathing
 - loss of smell or taste,
 - vomiting or diarrhea for more than 24 hours
- 2 Y N Do you have a new onset of 2 or more of any of the following symptoms:
- runny nose
 - muscle aches
 - fatigue
 - conjunctivitis (red, sore eye)
 - headache,
 - skin rash of unknown cause,
 - nausea or loss of appetite?
- 3 Y N In the last 14 days have you been in contact with someone that is confirmed to have COVID-19?
- 4 Y N In the last 14 days have you travelled east of Terrace Bay northern Ontario, or out of Canada all together?

If you answered **“NO”** to all questions: you are **OK** to enter Westwood Optical and present for appointment.

If you answer **“YES”** to any of the above (up to the time of your appointment)

- Please call **Health Links 204-788-8200** for further instruction
- Please call **Westwood Optical 204-837-2020** to reschedule your eye appointment

Patient Signature: _____

Confirmed no change in status at entry (Westwood Staff) _____