

Screening consent before every appointment:

I confirm, I am NOT waiting for the results of a laboratory test for the novel coronavirus.

I verify that I have NOT returned to Ontario from any country outside of Canada whether by car, air, bus or train in the past 14 days.

I verify that I have NOT been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Public Health Ontario.

Are you currently experiencing any of these symptoms?

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills Cough that's new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat Difficulty swallowing Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis) 6/6/2020
- Headache that's unusual or long lasting
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Muscle aches
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children and infants: sluggishness or lack of appetite

None of the above

If you have any of these symptoms, please cancel your appointment and call your doctor.

None of them above _____ (Initial)

I confirm I will/have (as well as my child, if relevant) sanitize/wash hands prior to entering the clinic room _____ (Initial)

I verify the information I have provided on this form is truthful and accurate.

I knowingly and willingly consent to receive treatment during the COVID-19 pandemic.

PATIENT NAME (printed): _____

DATE: ____/____/____ SIGNATURE: _____