

Telka, Smith COVID-19 screening

1. Do you have any of the following symptoms:

- Feverish
- Chills
- New or worsening cough
- Difficulty breathing
- Significant headache
- Sore throat
- Nasal congestion
- Body aches
- New joint pain
- Decreased sense of taste and/or smell
- Diarrhea, nausea or vomiting

2. Have you had close contact with a person who has respiratory symptoms AND has travelled outside of Canada in the last 14 days? **Yes No**

3. Have you travelled outside of Canada **in the last 14 days**?
Yes No

4. Have you had contact with a confirmed COVID-19 + person within the community? **Yes No (includes Unsure)**

5. Is a household member with whom you have had close physical contact currently being investigated for COVID-19 or has influenza like illness (fever, body aches along with 1-2 other symptoms like cough, shortness of breath, runny nose or sore throat)? **Yes No**

continued...

I am responsible for :

An accurate self assessment prior to attending any appointment at **Telka, Smith**.

Calling Peterborough Testing Centre at **705-876-5086** if I have answered **Yes** to any of the screening questions.

Practicing excellence in social distancing and infection prevention and control measures.

Reminding myself daily of the value and impact of contributing to the safety of self, others and our community.

Signature

Date