

**Please review the following questions prior to your visit. If you answer YES to any of them please call out office prior to your appointment (204) 334-1121**

### **PATIENT SCREENING FOR COVID-19**

1. Have you tested positive or awaiting results testing for COVID-19?
2. Do you have any of the following:
  - Fever
  - Cough
  - Sore Throat
  - Cold or Flu like symptoms
3. Are you having shortness of breath or difficulty breathing?
4. Have you experienced a recent loss of taste or smell?
5. Even if you do not have any of the above mentioned symptoms, have you had any of them in the last 14 days?
6. Have you had contact with anyone in the last 14 days who has Covid-19 or has been tested for COVID-19?
7. Have you been outside of Manitoba in the last 14 days or have you been in contact with anyone who has been outside of Manitoba in the last 14 days?