

# COVID-19 Screening Questions for Patients

Naturopathic doctors and all other regulated health practitioners are required by the Ontario Ministry of Health to screen every patient attending an in-person appointment.

You are required to answer the following questions and inform your naturopathic doctor or clinic staff of the results. If you screen positive by answering "yes" to any of the questions, it does not mean that you have COVID-19, but regulations require primary care practitioners to take additional PPE precautions when seeing you in-person.

## 1. Do you have any of the following symptoms?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Fever and/or chills  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • New onset of cough or worsening chronic cough  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Shortness of breath  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • Decrease or loss of sense of taste or smell  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • If adult > 18 years of age: unexplained fatigue/lethargy/malaise/muscle aches (myalgias) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | • If child < 18 years of age: nausea/vomiting, diarrhea                                    |

## 2. Have you tested positive for COVID-19 in the past 10 days or been told that you should be isolating?

- ☐ Yes ☐ No
- \_\_\_\_\_

*If you have not received your final (or second) dose of COVID-19 vaccination more than 14 days ago please also answer the following.*

## 3. Have you travelled outside of Canada in the past 14 days

- ☐ Yes ☐ No

## 4. Have you had close contact with a confirmed case of COVID-19 without using appropriate PPE?

- ☐ Yes ☐ No

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### COVID-19 Screening Results

- If your responses to ALL of the screening questions is NO: You have screened "Negative"
- If your response to ANY of the screening questions is YES: You have screened "Positive"