North York Endoscopy Centre

COVID -19 PRE-SCREENING QUESTIONNAIRE

To help our health professionals with your assessment and as a precaution to limit the risk of transmitting the COVID-19 virus, it is important we take measures to protect our patients, staff and physicians.

Name: _____ Health card # _____

Kindly answer the below questions before seeing the physician or having your testing done;

1) Are you experiencing symptoms of a cough, fever, or having difficulty breathing
   YES NO

2) Are you experiencing chills, fatigue, headache, sore throat, runny nose, stuffy or congested nose, lost sense of taste or smell, hoarse voice, difficulty swallowing or any digestive issues (nausea/vomiting, diarrhea, stomach pain)
   YES NO

3) Have you been in close contact with a confirmed or probable case of COVID-19
   YES NO

4) Have you been tested for COVID-19 YES NO

If **YES**, did you test positive for COVID-19 YES NO

If you did test positive for COVID-19, did you isolate the GREATER of:

- 14 days after testing OR YES NO
- 14 days from when symptoms started OR YES NO
- Until symptoms were gone YES NO

5) Have you or someone close to you travelled outside of Canada within the last 14 days
   YES NO

If you answer **yes** to any of the above questions, our staff will speak with a physician prior to your testing and/or appointment.

If you have additional questions, please contact Health Connection, Monday to Friday from 8:30 am to 4:30 pm at 1-800-361-5653. After hours please call Telehealth Ontario at 1-866-797-0000.