

# **Patient/Care Partner - COVID-19 Screening Logbook:**

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

NAME	IN THE PAST 3 DAYS, HAVE YOU EXPERIENCED <u>ONE OR MORE</u> OF THE FOLLOWING NEW/WORSENING SYMPTOMS:		HAVE YOU TRAVELLED OUTSIDE OF CANADA IN THE LAST 14 OR OUTSIDE OF NORTHWESTERN ONTARIO (MANITOUWADGE TO THE MANITOBA BORDER) IN THE LAST 7 DAYS DAYS?	HAVE YOU HAD CLOSE CONTACT WITHOUT PPE WITH ANYONE WITH A CONFIRMED OR PROBABLE CASE OF COVID-19?	IN THE LAST 14 DAYS, HAVE YOU TESTED POSTIVE FOR COVID-19, ARE YOU WAITING FOR TEST RESULTS BECAUSE OF SYMPTOMS, OR HAVE YOU RECEIVED A NOTICE FROM THE COVID-19 ALERT APP THAT YOU WERE EXPOSED TO COVID-19?	DEPARTMENT
	<ul style="list-style-type: none"> <li>• FEVER</li> <li>• COUGH</li> <li>• DIFFICULTY BREATHING</li> <li>• MUSCLE ACHES</li> <li>• SORE THROAT</li> <li>• HEADACHE</li> <li>• HOARSE VOICE</li> <li>• DIFFICULTY SWALLOWING</li> </ul>	<ul style="list-style-type: none"> <li>• RUNNY NOSE/SNEEZING</li> <li>• CHILLS</li> <li>• GASTROINTESTINAL SYMPTOMS (EG.NAUSEA, VOMITING, DIARRHEA)</li> <li>• FATIGUE</li> <li>• NASAL CONGESTION</li> <li>• CHANGE IN SENSE OF SMELL/TASTE</li> </ul>				

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