### COVID-19 Vaccination Clinic Screening Questions

**Instructions**

Please complete this form on the day of your appointment, print it and bring it to your appointment.

If your answer is **Yes** to questions 2, 3 or 4, or if you have any of the symptoms listed in question 1, please reschedule your appointment for a day when you are symptom-free and can answer **No** to questions 2, 3 and 4.

1. **Do you have any of the following symptoms?**
   - Fever (temperature of ≥ 37.8 C)
   - Cough
   - Sore throat
   - Shortness of breath
   - Chills
   - Changes in your sense of taste/smell
   - Runny nose, sneezing, nasal congestion (not due to other underlying reasons like seasonal allergies or post-nasal drip)
   - Difficulty swallowing
   - New headache
   - Unexplained fatigue/malaise
   - Nausea, vomiting, diarrhea, abdominal pain

2. **Have you been tested for COVID-19 due to symptoms and are awaiting results?**
   - **O Yes**
   - **O No**
   *(Asymptomatic/Surveillance testing does not apply and is not a reason for exclusion.)*

3. **Have you tested positive for COVID-19 in the last 10 days?**
   - **O Yes**
   - **O No**

4. **In the last 14 days, have you travelled outside Canada?**
   - **O Yes**
   - **O No**

5. **In the past 14 days, have you had close*, unprotected contact with any of the following:**
   - **O Yes**
   - **O No**
   - a sick traveller
   - a suspected or confirmed case of COVID-19?

*Close, unprotected contact is defined as having provided care, had similar close physical contact, or had lived with or otherwise had close, prolonged contact without appropriate PPE.*