COVID-19 Patient Screening Questions

This checklist provides basic information only and contains recommendations for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis or treatment. The screening result is not equivalent to a confirmed diagnosis of COVID-19.

*If answering YES to any of the following questions, discontinue screening and follow Positive Screening Instructions (see below)

1. Are you presenting with a fever, new onset of cough, worsening chronic cough, shortness of breath or difficulty breathing? ○Yes ○No
2. Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days? ○Yes ○No
3. Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19? ○Yes ○No
4. Do you have any of the following symptoms:
   1. Sore throat
   2. Hoarse voice
   3. Difficulty swallowing
   4. Decrease or lose of sense of taste or smell
   5. Chills
   6. Headaches
   7. Unexplained fatigue/malaise/muscle aches
   8. Diarrhea
   9. Abdominal pain
   10. Nausea/vomiting
   11. Pink eye (conjunctivitis)
   12. Runny nose/sneezing without other known cause
   13. Nasal congestion without other known cause

5. If you are 70 years of age or older, are you experiencing any of the following symptoms:
   1. Delirium
   2. Unexplained or increased number of falls
   3. Acute functional decline
   4. Worsening of chronic conditions

If response to ALL of the screening questions is NO: COVID Screen **Negative**
If response to ANY of the screening questions is YES: COVID Screen **Positive**

**Positive Screening Instructions:** Patient must self-isolate at home immediately and contact their local public health authority for further guidance. In addition, patient should contact their primary health care provider. **City of Hamilton Public Health Services** (905) 546-2489, **Telehealth** (1-866-787-0000)