



To protect the safety of our patients and our staff, we require every patient entering our office to answer the following questions:

Do you have any of the following symptoms: fever, cough, sore throat, difficulty breathing, and/or runny nose?	yes	no
Do you have any of the above symptoms that are associated with allergies, chronic or pre-existing conditions which have become worse?	yes	no
In the past 14 days, have you had close contact with a person who has possible or confirmed COVID-19?	yes	no
Have you returned to Canada from outside the country (including USA) in the past 14 days?	yes	no
Have you been Tested for COVID-19 in the past 14 days?	yes	no
Are you expecting to be tested for COVID-19 in the next 7 days?	yes	no

For the safety of our patients and staff, if you have answered 'yes' to any of the questions your appointment will be rescheduled.

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Print name

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Date

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Signature