PURPOSE: This tool is intended to determine if client should delay their visit to our clinic, due to the outbreak of COVID-19.

Risk Assessment/Initial Screening Questions:

1	Do you have any of the following Symptoms • Fever >38C or subjective fever • Cough • shortness of breath/difficulties breathing • Other symptoms such as muscle aches, fatigue, headache, sore throat, running nose, diarrhea. Note: symptoms in young children may be non specific - e.g.: lethargy, poor feeding	YES YES YES YES YES	NO NO NO NO NO
2	Have you travelled anywhere internationally in the last 14 days? If so, where _____	YES	NO
3	Have you had close contact (face to face contact within 2 meter/6feet) with someone who is ill with cough and/or fever who had travelled internationally within 14 days prior to their illness onset? (Contact may be in Canada or during travel)	YES	NO
4	Have you been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19	YES	NO
5	Have you had laboratory exposure while working directly with specimens known to contain COVID-19?	YES	NO
6	Have you visited/worked with someone who has had exposure/confirmed to carry COVID-19	YES	NO

If you answered "YES" to any of the above questions, please refrain from visiting at this time. If you are exhibiting respiratory symptoms, you must be symptom free prior to visiting, and if you have travelled internationally, you should refrain from visiting our clinic for 14 days.

If you have answered "NO" to all the questions, please sign, practice hand hygiene (wash hands), and or use hand sanitizer) before and after your visit.

Our goal is to minimize the risk in infection to our clients and staff, thank you for our understanding and cooperation.

Name (printed): _____
Signature: _____
Date: _____