



## COVID-19: Screening Checklist

***ALL individuals entering the building answer the following questions:***

**1. Have you washed your hands or used alcohol-based hand rub on entry?**

- Yes
- No – please do so.

**2. Do you have any of the following respiratory symptoms?**

- Fever
- Chills
- Sore throat
- Cough
- Runny Nose
- New shortness of breath
- New loss of taste or smell

**If YES to any, please reschedule your appointment and exit the building.** You may or may not have COVID-19, but the potential consequences to COVID-19 entering the building are serious. Please be aware that many people do not show any symptoms but are able to transmit the virus to others.

If NO to all, proceed to question #3.

**3. Have you**

- travelled internationally within the last 14 days?
- worked in a health care setting that has confirmed COVID-19 cases?
- been in close contact with anyone exhibiting the symptoms above?

**If YES to any, please reschedule your appointment and exit the building.**

If NO to all, proceed to #4.

**4. Patients and staff who pass the above screening may enter. Chairs have been spaced apart in our waiting rooms. Please wear a mask while in the building. Family members of patients are asked to wait in their car. If someone is required to assist the patient, and please limit to one person. Thank you for your cooperation.**