

COVID-19 Self-Screening Questions

Before coming to the hospital, we ask you to self-screen for symptoms of COVID-19.

Patients: if you answer “yes” to any of the questions below, please let us know at registration.

Visitors and Designated Care Partners: if you answer “yes” to any of the questions below, please do not come into the hospital.

Question 1

Do you have any of the following symptoms that are new or worsening, excluding those related to other known causes or conditions?

- Fever and or chills of 37.8 °C or higher?
- Decreased or loss of sense of taste or smell?
- New onset of cough or worsening chronic cough?
- Shortness of breath?

Question 2

Do you have two or more of the following symptoms of COVID-19, excluding those related to other known causes or conditions?

- Sore throat?
- Runny nose and/or nasal congestion?
- Extreme fatigue, lethargy, or malaise?
- Muscle aches and/or joint pain?
- Headache?
- Nausea, vomiting, or diarrhea (gastrointestinal symptoms)?

Question 3

Have you tested positive for COVID-19 in the last 10 days?

Question 4

Have you had close contact with a person who has COVID-19 in the last 10 days?

Question 5

Have you traveled outside of Canada in the last 14 days and been advised to quarantine per the federal quarantine requirements?