

FLU CLINIC PREPARATIONS: COVID-19 SCREENING QUESTIONNAIRE

At Save-On-Foods, your health and safety is our priority. Due to the ongoing coronavirus (COVID-19) pandemic, we are taking measures to protect our community. As a precaution to limit further transmission of COVID-19, please answer the questions below. Your cooperation will help protect those who are most vulnerable and at risk.

1. Please check all that apply. Do you have?	
<input type="checkbox"/>	severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
<input type="checkbox"/>	severe chest pain
<input type="checkbox"/>	a very hard time waking up
<input type="checkbox"/>	feeling confused
<input type="checkbox"/>	lost consciousness
<input type="checkbox"/>	shortness of breath at rest inability to lie down because of difficulty breathing
<input type="checkbox"/>	chronic health conditions that you are having difficulty managing because of your current respiratory illness
<input type="checkbox"/>	fever
<input type="checkbox"/>	new onset of cough or worsening of chronic cough
<input type="checkbox"/>	new or worsening shortness of breath
<input type="checkbox"/>	new or worsening difficulty breathing
<input type="checkbox"/>	sore throat
<input type="checkbox"/>	runny nose
<input type="checkbox"/>	chills
<input type="checkbox"/>	painful swallowing
<input type="checkbox"/>	stuffy nose
<input type="checkbox"/>	Headache
<input type="checkbox"/>	muscle or joint ache
<input type="checkbox"/>	feeling unwell, fatigue or severe exhaustion
<input type="checkbox"/>	nausea, vomiting, diarrhea or unexplained loss of appetite
<input type="checkbox"/>	loss of sense of smell or taste
<input type="checkbox"/>	conjunctivitis (pink eye)
<input type="checkbox"/>	None of the above

Answer the following questions by marking an “X” in the appropriate section	Yes	No
2. Have you been in contact with a confirmed or probable case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you traveled outside of Canada in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been presently instructed to self-isolate/quarantine by local health authorities due to travel, contact history, or pending COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been in close contact, face-to-face contact within 2m (6ft) in the last 14 days with someone who is ill?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “Yes” to any of the above questions, please **DO NOT** attend our flu clinic at this time. You should stay home and contact your health care provider to determine if you need to be tested for COVID-19. Visit your provincial health agency website or call 811 for more details.

