

(Enter Assessment Date)

## VACCINATION CLINIC PREPARATIONS: COVID-19 SELF-SCREENING QUESTIONNAIRE

At Save-On-Foods, your health and safety is our top priority. As a precaution to limit further transmission of COVID-19, complete this self-screening questionnaire. Your cooperation will help protect those who are most vulnerable and at risk. If you require further assistance, contact your pharmacist.

1. Answer the following questions by marking an "X" in the appropriate section	Yes	No
Severe difficulty breathing (e.g., struggling for each breath, speaking in single words)		
Severe chest pain		
A very hard time waking up		
Feeling confused		
Lost consciousness		
Shortness of breath at rest inability to lie down because of difficulty breathing		
Chronic health conditions that you are having difficulty managing because of your current respiratory illness		
Fever		
New onset of cough or worsening of chronic cough		
New or worsening shortness of breath		
New or worsening difficulty breathing		
Sore throat		
Runny nose		
Chills		
Painful swallowing		
Stuffy nose		
Headache		
Muscle or joint ache		
Feeling unwell, fatigue or severe exhaustion		
Nausea, vomiting, diarrhea or unexplained loss of appetite		
Loss of sense of smell or taste		
Conjunctivitis (pink eye)		

2. Answer the following questions by marking an "X" in the appropriate section	Yes	No
Have you been in close contact with a confirmed or probable case of COVID-19 within the past 10 days		
Have you been presently instructed to self-isolate/quarantine by local health authorities due to travel, contact history, or pending COVID-19 test results?		

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 or visit your provincial government health agency website for more details.

