

COVID-19

Patient Risk Screening Questionnaire

Patient name: _____

COVID-19 Risk Screening

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by British Columbia Centre of Disease Control:

- Fever greater than 38°C or 98.6°F
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

_____ (Initial to confirm above)

I verify that:

- I am not currently positive for the novel coronavirus; and
- I am not waiting for the results of a laboratory test for the novel coronavirus; and
- I have not returned to British Columbia from any country outside of Canada whether by car, air, bus or train in the past 14 days. I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus and that the British Columbia Health Officer requires self-isolation for 14 days from the date a person has returned to Canada; and
- I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by the British Columbia Provincial Health Officer, the BC Centre for Disease Control, or any other governmental health agency.

_____ (Initial to confirm above)

High-Risk Categories

The BC Centre for Disease Control has currently set out the following high-risk categories for COVID-19: persons over the age of 65 and/or persons with chronic health conditions, immune suppression, kidney disease, diabetes, cardiovascular disease, hypertension, obesity, lung diseases including moderate to severe asthma, being immunocompromised, and/or with active malignancy. If you fall into one of these high-risk categories, please complete the following:

I fall into the following high-risk category (_____). I confirm that I agree to proceed with treatment despite the increased risk of complications associated with the potential transmission of COVID-19.

_____(Initial)

Name (please print)_____

Signature_____Date _____