

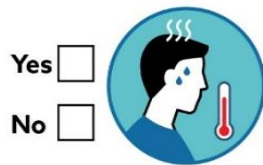
# COVID-19

Please complete the following assessment 2-3 days before your scheduled appointment and email it to [goetzmoa@gmail.com](mailto:goetzmoa@gmail.com)

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

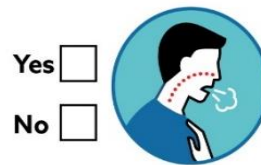
## Do you have any of the following:



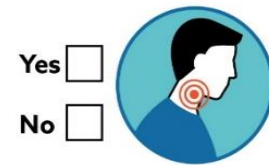
Fever



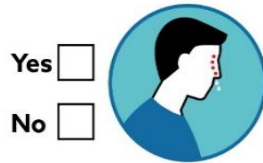
Cough



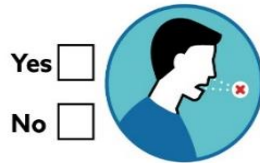
Difficulty breathing



Sore throat,  
trouble swallowing



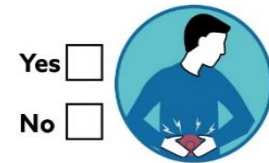
Runny nose



Loss of taste or  
smell



Not feeling well



Nausea, vomiting,  
diarrhea

Yes  Have you been in close contact with someone who is  
No  sick or has confirmed COVID-19 in the past 14 days?

Yes  Have you returned from travel outside Canada in the  
No  past 14 days?

**If you answered YES to any of these questions,  
go home & self-isolate right away. Call Telehealth  
or your health care provider, to find out if you  
need a test.**