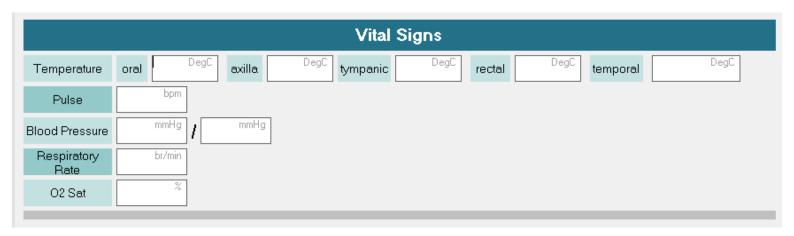
	Sc	creening				
Does the patient have any one of the following signs or symptoms?	None	Fev	er	Cough	Shortness of	breath
Symptom Onset Date	****/**/**	* ~				
Has the patient traveled anywhere outside of Canada in the last 14 days?	O Yes	O No		C Refused to answ	er 🔿 Unknown	
Country of Travel						
Date of Return	****/**/**	* V				
Comments						
Has the patient been in close contact with a symptomatic confirmed or probable case in the last 14 days?	O Yes	O No	ΟU	nknown		
Date of last contact	****/**/**	* ~				
Sustained contact	O Yes	O No	ΟU	nknown		
Contact Setting	☐ Healthca	are setting 🔲 Famil	y setting	☐ Workplace	Unknown	Other:
Comments						
Has the patient been in close contact with a person with fever and/or cough who has been to an affected area in the last 14 days?	O Yes	O No	Οu	nknown		
Date of last contact	****/**/**	* ~				
Contact Setting	☐ Healthca	re setting 🔲 Family	setting	☐ Workplace	Unknown	Other:
Comments						
In the 14 days prior to symptom onset, did the patient visit any health care facility?	O Yes	O No	O Ur	nknown		
Patient employment/living situation	Laborato	ry worker handling bio y/animal worker r daycare worker/atter	logical specii ndee			
Patient probable for COVID	O Yes	O No				



Symptom Assessment					
		Yes	No	Unknown	Comment
Cough					
Fever (greater or equa	l to 38C)				
Feverish/chills (unkno	wn temperature)				
Sore Throat					
Runny Nose					
Shortness of breath/di	fficulty breathing				
Nausea/Vomiting					
Anorexia/Decrease Ap	petite				
Headache					
General Weakness					
Pain (muscular, chest,	abdominal, joint, etc)				
Irritability/Confusion					
Diarrhea					
Other Symptom					
Symptom Comments					
Education Provided	☐ How to self-monitor	☐ Hov	v to self-isolate	☐ Self-i	isolation for caregivers 🔲 Other:
Disposition	O Home O Emergency departme O Emergency departme	nt with EMS	Urgent Care Primary care for Other:	ollow up	

Pre-Existing Conditions and Risk Factors				
	Yes	No	Unknown	Comment
Cardiac Disease				
Chronic neurological or neuromuscular disorder				
Diabetes				
Immunodeficiency disease/condition				
Liver Disease				
Malignancy				
Post-Partum (less than 6 weeks)				
Pregnancy				
Renal Disease				
Respiratory Disease				
Other				
		_		

Provider Assessment				
Name of Provider				
Level of Consciousness/Orientation	Awake Alert Oriented Other:			
General Appearance	O Well O Unwell O Other:			
Breath Sounds	Clear Good air entry bilaterally Other:			
Respiratory Pattern	Regular Asymmetrical Laboured Other:			
Anterior/Posterior				
Appetite	O Good O Poor O Other:			
Fluid Intake	O Good O Poor O Other:			
Urine Output	O Normal O Low O Other:			
Other Symptoms	Chest pain Shortness of breath Nausea and/or vomiting Other:			
	Provider Assessment			
Segoe UI	▼ 🧐 % 🗈 竜 B U / S 🖺 臺 🧵			