



Name: _____

Date: _____

Phone Number: _____

PART A: Symptoms

1. Do you or anyone in your household have a **new or worse** cough or shortness of breath?

Yes No

2. Are you feeling feverish (38 °C or higher), or have you had the shakes or chills in the last 24 hours?

Yes No

PART B: Travel/Contact

3. Have you travelled **out of the country** within the last 21 days?

Yes No

4. Have you had close contact with a confirmed or probable case of someone with novel coronavirus (2019-nCoV)?

Yes No

5. Have you had close contact with a person with acute respiratory illness who has travelled outside of the country **within 14 days prior to their illness onset**?

Yes No

If you answered:

NO to all questions – please put completed form into NO box on this table and **pick up the phone receiver and dial 205 on the keypad** and staff will answer and assist you.

YES to any questions – please **put form into a brown envelope** and into the YES box and **do NOT proceed into the office.**

You may call us on your cellphone or from home at 519-662-2731 and inquire if we can assist you over the phone with any services or information.