

VACCINATION PRE-SCREENING COVID-19 QUESTIONNAIRE

Do you have difficulty breathing or chest pain?

- Yes No

Do you have any of the following symptoms: fever, cough, sore throat, shortness of breath, runny nose?

- Yes No

Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?

- Yes No

Are you aware of an exposure in the last 14 days in a setting where someone has been confirmed or suspected to have a case of COVID-19, such as a restaurant or airplane?

- Yes No

Have you travelled outside of Canada, including to the United States, in the last 14 days?

- Yes No

Have you had close contact (face-to face, within 2 meters) with someone who is ill with cough and/or fever that has travelled outside of Canada within the last 14 days prior to feeling ill?

- Yes No

Have you had close contact (face-to face, within 2 meters) with someone who has been tested for COVID-19 and doesn't know the results of the test yet?

- Yes No

****If you have answered yes to any of the above questions, please call the pharmacy at 250-598-2517 for further instruction****