



# Attention Visitors

**If you have any of the following symptoms of COVID-19:**

- Fever and/or chills
- Cough
- Shortness of breath
- Decreased sense of smell or taste
- Sore throat
- Difficulty swallowing
- Pink eye
- Runny or stuffy nose
- Headache
- Digestive issues like nausea/vomiting, diarrhea, stomach pain
- Unexplained muscle aches and pain
- Extreme tiredness
- Falling down often

OR you have been exposed to someone with COVID-19 or someone who has developed new respiratory symptoms **please do not enter the clinic** AND contact either

- your health care provider
- Telehealth Ontario (1-866-797-0000)
- Or visit an Assessment Centre for testing

To rebook please use the cancel option in your confirmation message or call 519-575-4400.



# Attention Visitors

1. Do you have any new or worsening symptoms or signs listed on the other side of this page? Symptoms should not be chronic or related to other known causes or conditions.
2. Have you travelled outside of Canada in the last 14 days? If you are an essential worker who crosses the Canada-US border regularly for work, select "No".  Yes  No
3. In the last 14 days, has a public health unit identified you as a close contact of someone who currently has COVID-19?  Yes  No
4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?  Yes  No
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell? If you already went for a test and got a negative result, select "No."  Yes  No

If the patron answered **NO** to all questions from 1 through 5, they **can** proceed.

If the patron answered **YES** to any questions from 1 through 5, they **cannot** proceed and must reschedule their appointment.