



## COVID-19 Public Screening For Clients Entering Our Hospital

To ensure a safe environment for you, other clients, and our veterinary care team, we require you to fill out the questionnaire below.

1. Are you currently self-isolating, awaiting testing for COVID-19, or exhibiting any of the following symptoms?  <ul style="list-style-type: none"> <li>Fever, cough, shortness of breath, runny or stuffy nose, sore throat, painful swallowing, headache, muscle or joint aches, vomit, and/or diarrhea.</li> </ul>	<b>Yes</b>	<b>No</b>
2. Have you been in contact with anyone showing signs of illness, or is suspected or confirmed COVID-19 positive?	<b>Yes</b>	<b>No</b>
3. Have you or someone you've been in contact with, traveled outside of Canada or have you traveled on a domestic flight in/out of the province in the last 14 days?	<b>Yes</b>	<b>No</b>
4. Have you attended group functions/events in the last 14 days with attendees outside of your household?	<b>Yes</b>	<b>No</b>
5. If you work with the public or have coworkers: are social distancing measures and use of facemasks consistently maintained?	<b>Yes</b>	<b>No</b>  <b>N/A</b>
6. Do you understand that our team is working closely with you while we examine your pet and therefore you must use a facemask that completely covers your nose and mouth at all times during the visit?	<b>Yes</b>	<b>No</b>
All visitors must also use hand sanitizer upon entry.		

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining how we will conduct your visit at our hospital during the COVID-19 pandemic.

I hereby declare the information provided is accurate and correct.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use: Client ID# \_\_\_\_\_