SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Health Record #: _____ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* _____

DOB: dd / mm / yy Age: _____ ❑ Female ❑ Male

OHIP #: _____ Version Code: _____

Account #: _____ Date of Admission: dd / mm / yy

COVID-19 Patient Screening Tool

Date: dd / mm / yy

Name: *(print first, last)* _____ **Signature:** _____

This form **MUST** be completed the day of your visit. It will be used at the screening entrance to provide you with priority access and given to the clinical team when you arrive for your procedure or test.

1. Have you been tested for COVID-19? ❑ Yes ❑ No

If **YES** please complete section below:

Date Tested: dd / mm / yy Results: ❑ Negative ❑ Positive ❑ Unknown

Test Location:

Comments: _____

2. Have you travelled or had close contact with anyone that has travelled in the last 14 days? ❑ Yes ❑ No

Comments: _____

3. In the last 24 hours have you had any of the following symptoms?

Fever	❑ Yes	❑ No	Difficulty swallowing	❑ Yes	❑ No
New onset of cough	❑ Yes	❑ No	Decreased/loss of sense of taste or smell	❑ Yes	❑ No
Worsening chronic cough	❑ Yes	❑ No	Nausea/vomiting, diarrhea, abdominal pain	❑ Yes	❑ No
Difficulty breathing	❑ Yes	❑ No	Unexplained fatigue/malaise/muscle aches	❑ Yes	❑ No
Shortness of breath	❑ Yes	❑ No	Chills	❑ Yes	❑ No
Sore throat	❑ Yes	❑ No	Headache	❑ Yes	❑ No
Runny nose/nasal congestion without other known cause	❑ Yes	❑ No	Pink eye (conjunctivitis)	❑ Yes	❑ No

If you answered **YES** to any of the symptoms listed above, please provide details below:

4. Have you had contact with someone who has COVID-19 or has been tested/swabbed for COVID-19? ❑ Yes ❑ No

Comments: _____

Day of Procedure/Appointment

1. Upon arrival at Southlake, **you must pre-register before entering the building,** please call: **905-895-4521**; after the recording, please enter **2868#** and then press **option 1** (If you don't have a cell phone, please speak to the staff at the entrance).
2. Please have your health card ready and be prepared to confirm your name, date of birth, address, family doctor's name.
3. Once completed, please proceed to the East Entrance with this Screening Tool.
4. Please arrive wearing a mask if you have one.