

COVID-19 ASSESSEMENT

Name of Patient: _____ Date of Assessment: _____

Have you travelled outside of the province in the last two weeks? Yes/ No

If yes, when did you return to BC? _____

Do you have any of the following symptoms today?

Mild fever (Temp > 37.5 C) ? Yes/ No

Cough (new onset or exacerbation or a chronic cough) ? Yes/ No

Difficulty breathing/ shortness of breath ? Yes/ No

Headache ? Yes/ No

Fatigue? Yes/ No

Body Aches? Yes/ No

Sore throat? Yes/ No

Surgery cancelled? Yes/ No

If yes, was patient informed to call GP/ local public health office / 811 to be swabbed for COVID-19 testing? Yes/ No

If no, was patient informed to call 604 351 6526 immediately if they Develop any additional symptoms? Yes/ No

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