

COVID-19 Virus Pandemic Self Assessment

Today's Date: _____

This self-assessment tool, developed with the BC Ministry of Health, will help determine whether you may need further assessment or testing for COVID-19. Please note, If any of the responses to the questions below are "yes" treatment cannot be provided.

1) Are you experiencing any of the following:

Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
Severe chest pain
Having a very hard time waking up
Feeling confused
Losing consciousness

No Yes

2) Are you experiencing any of the following:

Mild to moderate shortness of breath
Inability to lie down because of difficulty breathing
Chronic health conditions that you are having difficulty managing because of difficulty breathing

No Yes

3) Are you experiencing any of the following: Fever

Cough
Sneezing
Sore Throat

No Yes

4 Have you travelled to any countries outside Canada (including the United States) within the last 14 days?

No Yes

5) Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat)?

No Yes

6) Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?

No Yes

I consent to to treatment, understanding the risks of receiving today's treatment during these pandemic times.
