

Drs. Agnieszka Barts and David Shu
Endocrinology & Metabolism

Suite 210 – 245 East Columbia Street
New Westminster, BC V3L 3W4

T: 604 787 8808
F: 604 787 8806

COVID- 19 SCREENING

In the last 14 days have you travelled outside of Canada? Circle: Yes or No

Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 in the past 14 days? Circle: Yes or No

Do you have any one of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste/smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches
- Diarrhea
- Nausea/vomiting
- Pink eye (conjunctivitis)
- Runny nose/sneezing without other known cause
- Nasal congestion without other known cause

Circle: Yes or No

Name: _____

Signature: _____

Today's Date: _____