Translation Imaging Research Facility
Centre for Translational Radiographic Research

Western
UNIVERSITY · CANADA

COVID-19 Pre-Screening Questionnaire

Symptoms

Please answer the following yes/no questions:

Are you experiencing a fever (37.5 C or greater)? ☐ Yes ☐ No

Any new/worsening acute respiratory illness symptoms? ☐ Yes ☐ No

Please respond 'No' to the following if the symptom is pre-existing (e.g. asthmas, allergies, etc.) or you have been cleared to return to work by your health care practitioner.

Do you have a cough? ☐ Yes ☐ No

Do you have shortness of breath? ☐ Yes ☐ No

Do you have a sore throat, hoarse voice, difficulty swallowing? ☐ Yes ☐ No

Do you have a runny nose, or nasal congestion? ☐ Yes ☐ No

Any new, unexplainable symptoms of fatigue and generalized muscle aches? ☐ Yes ☐ No

New nausea/vomiting/diarrhea/abdominal pain? ☐ Yes ☐ No

New loss of smell/taste disturbance? ☐ Yes ☐ No

Do you have pink eye (conjunctivitis)? ☐ Yes ☐ No

Travel History / Contact History

Have you travelled outside Canada within the last 14 days? ☐ Yes ☐ No

Have you had close unprotected contact with a confirmed case or probable case of COVID-19 within the last 14 days? ☐ Yes ☐ No

Have you had close unprotected contact with a person with acute respiratory illness who has been to a country/region where COVID-19 is present within the last 14 days? ☐ Yes ☐ No