

Equilibrium Testing Centre

Covid-19 Screening Questions

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| 1. Have you tested positive for COVID-19 in the past 14 days? Or are you still awaiting COVID test results? | YES | NO |
| 2. Do you have fever or have felt hot or feverish anytime in the last 10 days? Temperature at admission _____. | YES | NO |
| 3. Do you have any of these symptoms: New or worsening cough? New or worsening shortness of breath? Sore throat or painful swallowing? Runny nose? | YES | NO |
| 4. Have you experienced a recent loss of smell or taste? | YES | NO |
| 5. Have you been in contact with any confirmed COVID-19 positive patients, or person self-isolating because of a determined risk for COVID-19? | YES | NO |
| 6. Have you return from travel outside of in the last 14 days? | YES | NO |

Candidate Name: _____

Candidate Signature: _____

Candidate Phone Number: _____ Date: _____