



1400 Cornwall Road Unit 1
Oakville, ON
CA, L6J 7W5

Phone: (905) 842-5051



Patient Survey

1. Patient Wellness Screening Questions

	No	Yes
Did you receive your final (or second) vaccination dose more than 14 days ago?	<input type="radio"/>	<input type="radio"/>
Do you have any of the following symptoms: Fever and/or chills	<input type="radio"/>	<input type="radio"/>
New onset of cough or worsening chronic cough	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>
Decrease or loss of sense of taste or smell	<input type="radio"/>	<input type="radio"/>
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If adult (above 18 years of age): unexplained fatigue/ lethargy/ malaise/ muscle aches (myalgias)	<input type="radio"/>	<input type="radio"/>
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If child (under 18 years of age): nausea/vomiting, diarrhea	<input type="radio"/>	<input type="radio"/>
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Have you tested positive for COVID-19 in the past 10 days or have you been told you should be isolating?	<input type="radio"/>	<input type="radio"/>
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Have you travelled outside of Canada in the past 14 days?	<input type="radio"/>	<input type="radio"/>
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Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?	<input type="radio"/>	<input type="radio"/>
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