

Mandatory COVID-19 Screening

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy

IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HAVE TRAVELLED OUTSIDE OF ONTARIO IN THE PAST 14 DAYS YOU ARE NOT PERMITTED TO ENTER WHOLISTIC CARE CENTER.

Do you have any of the following symptoms with unknown cause? *

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Loss of taste or smell
- Chills
- Sore throat
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause
- None

Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days? *

- Yes
- No

Have you or anyone from your household travelled outside of Ontario? *

- Yes
- No

If you are 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions? *

- Yes
- No
- N/a