

# THE PETERBOROUGH CLINIC

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## COVID-19 PATIENT & Caregiver Screening Checklist (2022):

(to be used only as an alternative to the Province of Ontario COVID-19 Screening QR code)

1. Do you have **any** new /worsening COVID-19 **symptoms**? YES   
(unrelated to allergies or known chronic conditions)
- Fever and/or chills
  - Cough
  - Shortness of breath
  - Decrease or loss of taste or smell
- Do you have **TWO or more** of the following new/worsening COVID-19 **symptoms**?  
(unrelated to allergies or known chronic conditions)
- Muscle aches / joint pain
  - Extreme fatigue
  - Sore throat (painful, difficulty swallowing)
  - Nasal congestion (runny or stuffy nose)
  - Headache (persistent and/or unusual)
  - Nausea, vomiting, diarrhea
2. In the past 10 days, have you or someone you live with **been sick with COVID symptoms** YES   
or **tested positive** (PCR or RAT) ?
3. Have you been **advised to self-isolate** for any reason? YES   
(i.e. close contact with COVID-19 case, outbreak, etc.)
4. Have you **travelled** outside Canada in the past 14 days **AND** been told YES   
to quarantine under the **federal quarantine requirements**?

I have read and completed the above checklist:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

If Patient or Visitor answers "YES" to ANY of the above questions, they must not attend the Clinic appointment. If they have already arrived at the clinic, they must be isolated immediately, wearing a medical mask, and await Physician or Nurse Practitioner instructions for change to their appointment.