



PRE ENTRY QUESTIONNAIRE:

1. Have you tested positive for COVID 19 in the past 1 month? YES OR NO? (please circle one)
2. I am aware that at this time it is unknown what effects COVID-19 may have on aesthetic medical procedures. (initial) _____
3. I am feeling 100% well YES or NO (please circle one)
4. I do not currently have any signs or symptoms of COVID 19 (initial) _____
 - Fever 37.5 C or greater
 - New or worsening cough, or shortness of breath
 - Sore throat, difficulty swallowing, hoarse voice
 - Headache, runny nose or nasal congestion (not related to seasonal allergies)
 - New onset of atypical symptoms (diarrhea, nausea, vomiting, muscle aches, chills, unexplained fatigue/malaise, abdominal pain)
 - New onset of loss of dense of taste/smell disorder or loss of smell
5. I have not travelled, or been in contact with someone who has travelled, outside of the province for the past 14 days (Initial) _____
6. I have not provided care or had close contact with a symptomatic person known or suspected to have COVID -19 in the past 14 days (initial) _____
7. Do you or someone you live with work at a healthcare organization (ie hospital, home care agency or nursing home)? YES or NO?
8. Have you attended any gatherings that were not compliant with Public Health direction specific to physical (social) distancing? YES or NO (please circle one)

PATIENT NAME:

DATE

PATIENT SIGNATURE:

Witness Signature: