



Unit 2- 7184 Lantzville Road
Lantzville, BC V0R 2H0
Phone: (250)933-0785
Fax: (250)933-0934
Email: info@lantzvillewellnesscentre.ca

COVID-19 SCREENING

Do you or have you had these signs and symptoms in the past month? Please check.

	YES	NO
Fever		
Dry cough		
Tiredness		
Aches and pains		
Sore throat		
Diarrhea		
Conjunctivitis		
Loss of taste or smell		
Rash on skin		
Discolouration of fingers or toes		

Have you been tested for COVID-19 in the past month? Test Results:

Were you or your family member or person whom you share house space been tested for COVID-19 in the last month? Test Results:

Have you travelled out of BC in the last month?

Have you been advised by any government authority or physician to self-isolate in the last month?

Patient signature: _____ Date: _____