Royal Victoria Regional Health Centre

COVID-19 Pre-Operative Surgical Patient Screening

Please complete 5-7 Days prior to your Surgery and bring the completed form with you on the day of your surgery

Name: _____ Surgeon: _____ Date Completed_____

Have you had a previous COVID-19 test? □ Yes □ No Date: _____ Result: □ Negative □ Positive

In the last 14 days have you:

Returned from travel outside of Canada?	□ Yes □ No	When? Date: _____
Been in close contact with anyone diagnosed with lab confirmed COVID-19 or anyone awaiting a test result?	□ Yes □ No	When? Date: _____
Been in close contact with anyone with COVID-19 symptoms?	□ Yes □ No	When? Date: _____
Been advised to self-isolate or quarantine by Public Health?	□ Yes □ No	Contact Info: _____
Lived/worked in a setting identified as a COVID-19 outbreak?	□ Yes □ No	When? Date: _____
Resident of LTC, retirement home or other congregate setting?	□ Yes □ No	

Do you have new onset COVID-19 like symptoms?

Fever	□ Yes □ No	Nausea, vomiting, diarrhea, abdominal pain	□ Yes □ No
New or worsening cough	□ Yes □ No	Unexplained fatigue/malaise/sore muscles	□ Yes □ No
New or worsening shortness of breath	□ Yes □ No	Chills	□ Yes □ No
Sore throat or difficulty swallowing	□ Yes □ No	Headaches (new or unexplained)	□ Yes □ No
Runny nose or nasal congestion without other known cause	□ Yes □ No	Pink eye (conjunctivitis)	□ Yes □ No
Decrease or loss of sense of taste or smell	□ Yes □ No	If over 70: delirium, unexplained falls, acute functional decline, or worsening of a chronic disease	□ Yes □ No

Please Contact your surgeon's office if:

- **you answer *YES* to any of the above questions, and/or**
- **if you develop any of the above symptoms prior to your surgery date**

R.C19POS
201 Georgian Drive | Barrie ON | L4M 6M2 | 705.728.9802
www.rvh.on.ca

Inspiring care...