Avalon Laser Health Clinic Inc
63 Patrick Street, St. John's, NL, A1E 2S5
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Are you experiencing any of the following?

☐ Severe difficulty breathing (struggling to breathe or speaking in single words) ☐ Severe Chest Pain ☐ Having a very hard time waking up ☐ Feeling confused ☐ Losing consciousness ☐ None of the above

Are you experiencing any of the following:

☐ Mild to moderate shortness of breathe ☐ Inablity to lie down due to difficulty breathing ☐ Chronic health conditions that you are having difficulty managing due to difficulty breathing ☐ None of the above

Are you experiencing 2 or more of the following symptoms (new or worsening)?

☐ Fever (or signs of fever such as chills, sweats, muscle aches and lightheadedness)
☐ Painful swallowing
☐ Loss of sense of smell or taste
☐ Cough
☐ Runny Nose
☐ Any small red or purple spots on your hands and/or feet
☐ Headache
☐ Unexplained loss of appetite
☐ None of the above
☐ Sore throat
☐ Diarrhea

In the last 14 days, have you had close contact with a person who has been confirmed as having COVID-19

☐ Yes ☐ No

Have you traveled outside of Newfoundland in the last 14 days? OR have you had close contact with a person who traveled outside Newfoundland in the last 14 days?

Check Boxes

☐ No Note:

☐ Yes Note:

If any answers are other than No please provide explanation