

COLD SHOT

A division of Balwaria Empire Pvt. Ltd.

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COVID 19 SCREENING QUESTIONNAIRE

Do you have any of the following new or worsening symptoms?

Symptoms should not be chronic or related to other known cause or conditions.

If you are uncertain please complete questionnaire at the Cold Shot Bus Terminal.

Fever, chills, extreme tiredness and/or achy muscles

YES No

Difficulty breathing or shortness of breath

YES NO

Cough

YES NO

Sore throat, trouble swallowing

YES NO

Runny nose/stuffy nose or nasal congestion

YES NO

Decrease or loss of smell or taste

YES NO

Nausea, vomiting, diarrhea, abdominal pain

YES NO

In the last 14 days, have you or anyone in your household travelled outside of Canada?

YES NO

In the last 14 days have you tested positive or had close contact with confirmed or probable case of COVID 19?

YES NO

Are you currently waiting for a response from COVID 19 testing?

YES NO