

My name is: \_\_\_\_\_

### Contact List

Service	Name	Phone Number
Family Physician		
Pharmacist		
Others		

### I Feel Well

My Actions	
<ul style="list-style-type: none"> <li>• I get vaccinated and get booster shots when recommended for COVID-19, and other respiratory infections (flu, pneumonia)</li> <li>• I wear a mask especially in crowded areas</li> <li>• I wash my hands frequently</li> <li>• I make sure I have at home a rapid antigen test kit to test for COVID-19 or, know if I am eligible and where to get a PCR test if I develop symptoms</li> <li>• I know what symptoms could alert me of a potential COVID-19 infection</li> <li>• I confirm with my doctor if I am considered at <b>high risk</b> for developing serious complications of COVID-19. If so, I ask my doctor to verify my kidney function</li> <li>• I continue to take my regular medications</li> <li>• I keep an updated medication list to allow my doctor/pharmacist to review interactions with potential therapies for COVID-19</li> </ul>	
Comments:	Date of my last COVID-19 vaccination:

### I Feel Sick

My Symptoms (one or more)	My Actions
<ul style="list-style-type: none"> <li>• I have a sore throat, runny nose, and/or sneezing</li> <li>• I have a new or worsening cough</li> <li>• I have a temperature equal to or more than 38°C, feeling feverish, chills</li> <li>• I have fatigue or weakness, muscle or body aches</li> <li>• I have new loss of smell or taste</li> <li>• I have a headache</li> <li>• I have abdominal pain, diarrhea and vomiting</li> </ul>	<ul style="list-style-type: none"> <li>• I take a rapid antigen test <b>right away</b> to confirm if I have COVID-19</li> <li>• If I test positive, I contact my doctor or pharmacist <b>immediately</b> for them to assess if I need to start treatment as soon as possible. <b>Treatment must be started within 5 days of symptom onset.</b></li> <li>• I discuss with my doctor or pharmacist if any adjustments to my regular medications are required.</li> </ul>

### I Feel Much Worse or in Danger

My Symptoms	My Actions
<ul style="list-style-type: none"> <li>• I have severe difficulty breathing (struggling for each breath, can only speak in single words)</li> <li>• I have severe chest pain (constant tightness or crushing sensation)</li> <li>• I am feeling confused or unsure of where I am</li> </ul>	<ul style="list-style-type: none"> <li>• I call 911 or go to the nearest emergency room <b>immediately</b></li> </ul>