



## COVID-19 Mandatory Screening Questionnaire

1. Do you have a fever? Y/N
  
2. Do you have any of the following signs and symptoms?  
Y- (please check all that apply, stay home and contact the clinic)  
N-proceed to question 3
  - New or worsening cough
  - Sore throat and painful swallowing
  - Shortness of breath
  - Difficulty breathing
  - New loss or decrease in sense of taste or smell
  - Runny or stuffy nose (not allergy related)
  - Chills
  - New or worsening headache
  - New or worsening muscle aches (other than what you are seeking treatment for)
  - Fatigue
  - Loss of appetite
  - Diarrhea
  - Nausea or vomiting
  - Pink eye or conjunctivitis
  - Abdominal pain
  - Skin rashes or discolouration of fingers/toes
  
3. Have you travelled or had close contact with anyone who has travelled outside of Canada (including the USA in the past 14 days)? Y/N
  
4. Did you provide care or have close contact with anyone with a confirmed or probable/suspected case of COVID-19? Y/N

*If you have answered "no" to all questions, you may proceed to your appointment. If you have answered "yes" to any questions, please contact us to reschedule your appointment or book a Telerehab appointment.*

INFORMED CONSENT: I am aware of Active Living Physiotherapy's COVID-19 Safety Plan on their website. I understand the potential risks and the benefits of attending my physiotherapy appointment, and the alternative of having a Telerehab appointment. I agree to inform the clinic should I test positive for COVID prior to or after my appointment. By ticking this box, I consent to an in-person Physiotherapy visit.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_