



COVID-19 Mandatory Screening Questionnaire

1. 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 2

- Fever and/or chills
- New or worsening cough
- Sore throat
- Difficulty breathing
- New loss or decrease in sense of taste or smell
- New or worsening headache
- Extreme fatigue or tiredness
- New or worsening muscle aches (other than what you are seeking treatment for)
- Loss of appetite
- Diarrhea
- Nausea or vomiting

2. Have you returned to Canada from any country (including the USA) in the last 14 days?

Y/N

3. Did you have close contact with a person with a confirmed COVID-19 case in the past 14 days? Y/N

4. Have you tested positive for 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: _____