



## COVID-19 Mandatory Screening Questionnaire (revised July 4, 2021)

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 been directed to self-isolate by either the BC Ministry of Health or Canadian Border Services Agency?

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 virtual appointment.*

INFORMED CONSENT: I am aware of Active Living Physiotherapy's Communicable Disease Plan on their website. I understand the potential risks and the benefits of attending my appointment, and the alternative of having a virtual 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 appointment.

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

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

2-2380 South Island Hwy. Campbell River, BC V9W 1C3 778.420.0111 [www.activelivingphysio.com](http://www.activelivingphysio.com)