



COVID-19 Mandatory Screening Questionnaire (revised Jan 8 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 recently (in the last 14 days) been in close contact with someone with Covid-19? (A close contact is defined as someone who has been near a person with COVID-19 for at least 15 minutes when health and safety measures were not in place or were insufficient)

Y (please contact our office for further clarification) / N

3. Have you tested positive for COVID-19? Y (please contact our office for further clarification) / N

If you have answered "no" to all questions, you may proceed with your appointment.

If you have answered "yes" to any questions you may need to reschedule your appointment or book a Telerehab appointment. Please contact our office, and please call 811 to have your symptoms reviewed. 3-LAYERED MASKS are required for everyone.

INFORMED CONSENT: I am aware of Active Living Physiotherapy's COVID Safety 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: _____