



COVID-19 Screening Questionnaire

Due to the highly contagious nature of COVID-19 and the fact that some people have minor to no symptoms, it is necessary to do a risk assessment/screening questionnaire to protect you, our therapists, staff, and all other clients who are coming in for treatment.

You will also be asked to complete another screening questionnaire when you arrive at the clinic. This form will be kept in your file.

1. Are you experiencing any of the following as a NEW PATTERN since the beginning of the pandemic?

Please circle all that apply:

Fever/feverish	New Cough	Existing Cough	Difficulty breathing/shortness of breath
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2. Are you experiencing any of the following symptoms?

Please circle all that apply:

Sore throat	Runny nose	Sneezing
Nasal, sinus congestion	Hoarse voice	Difficulty swallowing
Headaches	Loss of sense of taste or smell	Chills
Unexplained Fatigue	Diarrhea, digestive upset	Nausea/ vomiting
Abdominal pain	Sudden onset of muscle soreness	Rash or skin lesion (esp. on the feet)
Pneumonia	(not related to specific activity)	Pink eye

Do you have any new discomfort with exertion or exercise? **YES** **NO**

Have you or anyone in your household experience any of the above symptoms in the last 14 days? **YES** **NO**

3. Do you have a confirmed case of COVID-19 or have you had close contact with a confirmed or probable COVID-19 case within the last 14 days? **YES** **NO**

4. Have you been asked to self-isolate or quarantine? **YES** **NO**

5. Have you or anyone in your household travelled outside of the country within the last 14 days? **YES** **NO**

6. Have you or anyone in your household travelled within Canada in the last 14 days? **YES** **NO**

7. Have you had close contact with a person with an acute respiratory illness who has travelled in the last 14 days? **YES** **NO**

Your Sutherland-Chan massage therapist agrees to abide by the high standards of sanitization and safety set by this clinic. We have improved and expanded our sanitation protocols, both personal and material, in order to thoroughly fight the spread of COVID-19 and other communicable conditions.

Sutherland-Chan Clinics and my massage therapist cannot be held liable for any exposure to COVID-19 or any other contagious condition caused by misinformation given to the therapist by the client or on the health history provided by each client. By signing below, I release the massage therapist and Sutherland-Chan clinic Inc. from all liabilities for the unintentional exposure to COVID-19.

I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risk involved and give consent to receiving massage treatment from this therapist.

I declare that the information provided above is true and accurate.

_____ **Print name**

_____ **Signature**

_____ **Date**

- ◆ If you answered "NO" to questions 1, 3, 4, 5, 6, 7 and have no symptoms, you may proceed with your appointment.
- ◆ If you circled **two or more symptoms in question 2**, you may need to reschedule.
- ◆ If you answer "**YES**" to **ONE** of the questions **1, 3, 4, 5, 6, 7**, please reschedule your appointment in another 14 days.