SUTHERLAND-CHAN® CLINIC
massage therapy

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 or your close contacts 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

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

3. Do you have any new discomfort with exertion or exercise? **YES NO**
4. Have you or your close contacts experience any of the above symptoms in the last 14 days? **YES NO**
5. Do you or your close contacts have a confirmed case of COVID-19 or have had close contact with a confirmed or probable COVID-19 case with or without wearing appropriate personal protective equipment (PPE)? **YES NO**
6. Have you or your close contacts been asked to self-isolate or quarantine? **YES NO**
7. Have you or your close contacts attended a mass gathering or family get-together of more than 10 people within the last 14 days? **YES NO**
8. Have you or your close contacts travelled outside of the country within the last 14 days? **YES NO**
9. Have you or your close contacts travelled outside of your province of residence in the last 14 days? **YES NO**
10. Have you or your close contacts 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, 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 ALL questions 1 – 10,** and have no symptoms, you may proceed with your appointment.
- If you answered **"YES" to ANY of the questions 1 – 10**, please reschedule your appointment in another 14 days.