



COVID-19 Screening Questionnaire

Due to the highly contagious nature of COVID-19 and its variants it is necessary to do a risk assessment/screening questionnaire to protect you, our therapists, staff, and other clients 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/congested 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/ joint pain (not related to specific activity) | Rash or skin lesion (esp. on the feet) |
| Pneumonia | Unexplained or increased number of falls | Pink eye |
| Delirium | Extreme fatigue | Acute functional decline |
| Worsening of chronic conditions | | New discomfort with exertion and exercise |

3. Have you or your close contacts experience any of the above symptoms in the last 14 days? **YES NO**

4. Have you receive a COVID Alert Exposure notification on your cell in the last 14 days? **YES NO**

5. Have you or your close contacts been asked to self-isolate or quarantine? **YES NO**

6. Have you or your close contacts travelled outside of the country within the last 14 days? **YES NO**

a. Do you qualify for exemption as a member of a flight crew or as a member of the Canadian Armed Forces?
YES NO

b. If the answer to 6a is “NO” we ask that you please wait 8 days from arrival while self-monitoring before booking your massage therapy treatment.

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 – 6, and have no symptoms, you may proceed with your appointment.
- ◇ If you answered “**YES**” to **ANY** of the questions 1 – 5, please reschedule your appointment in another 14 days.