



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. Have you tested positive for COVID-19 in the last 90 days and are still testing positive? YES NO
2. Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE? YES NO
3. **Are you currently experiencing any of the following symptoms?** Please circle all that apply:

Fever/Chills	New Cough/barking cough	Shortness of breath/Difficulty breathing
Sore throat	Runny nose	Sneezing
Nasal, sinus congestion	Difficulty swallowing	Headaches
Decrease or loss of taste or smell	Unexplained extreme Fatigue	Diarrhea, Nausea, Vomiting
Muscle ache	Joint pain (not related to specific activity)	Rash or skin lesion (esp. on the feet)
Pneumonia	Pink eye	Delirium
Unexplained or increased number of falls		
4. Have you or your close contacts currently experience any of the above symptoms in the last 14 days? YES NO
5. Are you and your close contact waiting for COVID test results after the experiencing the above symptoms? YES NO
6. Have you been identified as a "close contact" of someone who currently has COVID 19? YES NO
7. In the last 10 days, have you attended a gathering of more than 10 people where not everyone was wearing the appropriate PPE?
YES NO
8. Have you received a COVID Alert Exposure notification on your cell phone in the last 14 days? YES NO
9. In the last 14 days, has a doctor, Healthcare provider or Public Health unit told you or your close contacts to self-isolate or quarantine?
YES NO
10. In the last 10 days, have you tested positive on a Rapid Antigen test or Home-Base self-testing kit? YES NO
11. Have you or your close contacts travelled outside of Canada within 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.