



SOLE MATE REFLEXOLOGY

Pre-Screening Form—COVID-19

1) Have you or anyone in your household been outside of the province/territory in the last two weeks?

Yes

No

2) Are you exhibiting any of the following symptoms (Check all that apply):

Cough

Fever

Loss of smell and/or taste

Runny nose

Shortness of breath

Sore Throat

None

3) Have you been in contact with anyone who is exhibiting any of the symptoms listed above?

Yes

No

4) Have you, or anyone you have been in contact with, been diagnosed with COVID-19?

Yes

No