

Mandatory COVID-19 Screening

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy!

* 1. Is your scheduled appointment supposed to be "in person"?

Please Select An Option...

2. Do you have a fever? *

Yes No

3. Have you travelled or have had close contact with anyone who has travelled in the past 14 days? *

Yes No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of COVID-19? *

No Yes (NOT Front Line Worker) Yes (Front Line Worker, First Responder or Medical Staff)

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures when you had close contact with a suspected or confirmed case of COVID-19? *

Yes No N/A

6. Do you have any of the following signs or symptoms?

- | | | |
|--|--|--|
| <input type="checkbox"/> New onset of cough | <input type="checkbox"/> New loss or decrease in sense of taste or smell | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Worsening chronic cough | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Sneezing (not allergy related) | <input type="checkbox"/> Unexplained fatigue or malaise |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Nasal congestion | <input type="checkbox"/> Nausea/vomiting, diarrhea, abdominal pain |

If you have answered "yes" to question 1 as well as either 2 or 3, you MUST reschedule your appointment (phone or tele-health/video session exempt). If you have answered "yes" to question 4 AND/OR have checked off signs or symptoms in #6, you need to call your therapist prior to proceeding with your appointment at 647-496-6775 for further screening.

FULL NAME: _____

DATE: _____, 2020

