

Screening Questionnaire for COVID-19

Q1: Have you been in close contact with anyone with acute respiratory illness?

Q2: Have you been in close contact with anyone who have travelled outside of Canada in the past 14 days?

Q3: Have you travelled outside of Canada in the past 14 days?

Q4: Have you had a confirmed case of COVID-19?

Q5: As far as you know, have you been in close contact with anyone who has had a confirmed case of COVID-19 without wearing appropriate PPE?

Q6: Do you have any of the following symptoms? **(Please circle any that apply)** Fever – New onset of cough – Worsening chronic cough – Shortness of breath – Difficulty breathing – Sore throat – Difficulty swallowing – Decrease or loss of sense of taste or smell – Chills – Headaches – Unexplained fatigue/malaise/muscle aches – Nausea/vomiting, diarrhea, abdominal pain – Pink eye (conjunctivitis) – Runny nose/nasal congestion without other known cause (ie: allergies)

Q7: **(For those 70 years of age or older)** Are you experiencing any of the following symptoms? (Please circle any that apply) Delirium – Unexplained or increased number of falls – Acute functional decline – Worsening chronic conditions?

I _____ agree that I have answered these questions truthfully to the best of my ability. I am aware of the extra measures Nicola Usher is taking to ensure the space in which I receive my treatment / session is as safe and as sterile as possible to reduce the risk of transmitting COVID-19. I acknowledge that though these measures have been taken, the risk of contracting COVID-19 is still present. I have outweighed the benefits of my treatment / session with the risk of transmission and give consent to receive treatment.

Signed: _____ Date: _____

COVID-19 Signing to Update per Treatment

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