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# SCREENING: COVID-19

Screening will be performed verbally upon booking an in-clinic appointment with us and upon each entry to our clinic. Below you are confirming you understand the screening, and that each time we ask you verbally these questions; that you will answer truthfully. You are also confirming that you will notify us should your answers change at any time. A positive screening will result in the cancellation of any ongoing in-clinic sessions and your need to self isolate. This does not preclude you from telerehabilitation sessions. Our clinicians and staff members are also required to screen negative prior to and at the beginning of every shift. Signing digitally below and the return of this form is your legal consent. □

*Patients/Workers are not permitted to enter the clinic: if yes to any of the questions & must self quarantine for 14 days*

**Screening Questions:**

1. Did you receive your final or second vaccination dose more than 14 days ago? □Yes □No

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

| | | |
|---|---|---|
| Fever and/or Chills | □Yes | □No |
| New onset of Cough or worsening chronic cough | □Yes | □No |
| Shortness of Breath | □Yes | □No |
| Decrease or loss of sense of taste or smell | | |
| Adults >18 years of age: | | |
| Unexplained fatigue/lethargy/malaise/muscle aches (myalgias) | □Yes | □No |
| Child <18 years of age: | | |
| Nausea/vomiting/diarrhea | □Yes | □No |

3. Have you tested positive for COVID-19 in the past 10 days or have you been told you should be self-isolating?

□Yes □No

**For those Un-vaccinated only:**

4. Have you travelled outside Canada or had close contact with anyone that has travelled outside Canada in the past 14 days? □Yes □No

5. Have you had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

□Yes □No

Your Legal name: _____ Signature: _____

Email Address: _____ Date: _____



**Adapted and updated from Ontario Ministry of Health -- Version Sept 27, 2021**