

Patient Screening Checklist:

Q 1. Are you presenting with a fever, cough, shortness of breath, or breathing difficulty?

Q 2. Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?

Q 3. Do you have a confirmed case of COVID – 19 or had close contact with a confirmed case of COVID-19?

Q 4. Do you have 2 or more of the following symptoms?

- Sore throat
- Hoarse voice
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise
- Diarrhea
- Abdominal pain
- Nausea/ vomiting
- Pink eye (conjunctivitis)
- Runny nose/ sneezing without known cause
- Nasal congestion without known cause

Q 5. If you are 65 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

If you have responded yes to any of the screening questions you cannot visit the clinic and are advised to contact your healthcare provider for further COVID-19 testing.

- *The checklist provides basic information only and contains recommendations for COVID – 19 screening. It is not intended to take the place of medical advice, treatment or diagnosis.*
- *You can verbally confirm the results of the questionnaire to your physio or massage therapist on the day of your appointment.*