



The safety of our patients, staff and community are of utmost importance to us. We have implemented several changes to our policies on the recommendation of our Provincial Health Officer, professional associations, regulatory bodies, and WorkSafeBC.

For the safety of all, it is fundamental that the following COVID-19 Screening Questions be answered honestly and thoughtfully on how you are feeling today. **If you answer "YES" to any of the following questions, we ask that you immediately call the clinic at 250-339-5540 to discuss appropriate next steps and/or appointment alternatives.**

Screening Questions:

1) Do you have any of the following new or worsening symptoms or signs?

- New or worsening cough..... **Yes** **No**
- Shortness of breath..... **Yes** **No**
- Sore Throat..... **Yes** **No**
- Runny nose, sneezing or nasal congestion..... **Yes** **No**
- (in absence of underlying reasons for symptoms such as
Seasonal allergies and post nasal drip)
- Horse Voice..... **Yes** **No**
- Difficulty Swallowing..... **Yes** **No**
- New smell or taste disorders..... **Yes** **No**
- Nausea/vomiting, diarrhea, abdominal pain..... **Yes** **No**
- Unexplained fatigue/malaise..... **Yes** **No**
- Chills..... **Yes** **No**
- Headache..... **Yes** **No**

2) Have you travelled outside of B.C., outside of Canada or to the United States **or** had close contact with anyone that has travelled outside of Canada in the last 14 days?..... **Yes** **No**

3) Do you have a fever?..... **Yes** **No**

4) Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19 in the past 14 days? **Yes** **No**

5) If you answered yes to the above, did you wear the required and/or recommended PPE according to the type of duties you were performing (ie goggles, gloves, mask & gown or N95) when you had close contact with a suspected or confirmed case of Covid-19?..... **Yes** **No**

Please note that a Physiotherapist or Registered Massage Therapist (RMT) has the right to refuse or end treatment at any time based on their comfort level with patients health presentation.

We thank you for taking the time to complete this form. Please note our staff are asked these questions each day as part of their daily screening. By signing below, you have agreed that you are providing your honest answer, to the best of your knowledge. Your signature also indicates that you accept the inherent risks of in-person Physiotherapy/RMT treatment in light of the COVID-19 pandemic and any potential exposure that occurs as a result.

Print Name _____ **Signature** _____ **Date** _____