

**PLEASE READ CAREFULLY**

**COVID-19 SCREENING FORM**

Therapy Heals is committed in its effort to provide its clients with support and care through these challenging and unpredictable times. While we don't know what the future holds or how long the current Covid-19 health situation will impact our lives, we do know that there are measures we can all take to support our health, and those around us.

As you know, at Therapy Heals we have implemented many infection prevention, and control measures. One of the safety measures is that each client is required to complete this screening form on the day of their appointment and bring it with them to the appointment. **A new screening form MUST be completed and brought to each session.**

**Covid-19 Screening Questions:**

1. Have you had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?      YES      NO
2. Do you have a confirmed case of Covid-19 or have you had contact with someone with a confirmed case of Covid-19?      YES      NO
3. Do you have any of the following symptoms:
  - a. Fever
  - b. New onset of cough / Worsening chronic cough
  - c. Shortness of breath or difficulty breathing without other known cause
  - d. Sore throat
  - e. Difficulty swallowing
  - f. Decrease or loss of sense of taste or smell
  - g. Chills
  - h. Headaches
  - i. Unexplained fatigue/malaise/muscle aches
  - j. Nausea/vomiting, diarrhea, abdominal pain
  - k. Pink eye (conjunctivitis)
  - l. Runny nose/nasal congestion without other known cause

If you respond NO to ALL questions, then the Covid-19 Screen Test is negative. **If you respond YES to ANY of the screening questions, then the screening is Positive & YOU MUST contact the office. Your appointment can then be rescheduled, or changed to an appointment by phone or video.**

Please print your name, sign and date the form below.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_