

## Synergy Massage Therapy Centre - **Mandatory Covid-19 Screening Form**

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy.

This must be completed before you enter the clinic before every treatment. Thank you for your understanding.

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Do you have a fever?

\_\_\_ Yes                      \_\_\_ No

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New onset of cough    | <input type="checkbox"/> New loss or decrease in sense of taste or smell | <input type="checkbox"/> Chills           |
| <input type="checkbox"/> Worsening cough       | <input type="checkbox"/> Unexplained fatigue or malaise                  | <input type="checkbox"/> Runny nose       |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Sneezing (not allergy related)                  | <input type="checkbox"/> Sore throat      |
| <input type="checkbox"/> Shortness of Breath   | <input type="checkbox"/> Nausea/vomiting, diarrhea, abdominal pain       | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Difficulty breathing  | <input type="checkbox"/> Sudden onset new headache                       | <input type="checkbox"/> Hoarse voice     |

3. Have you travelled or had close contact with anyone who has travelled in the past 14 days?

\_\_\_ Yes                      \_\_\_ No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of Covid-19?

\_\_\_ Yes (if yes, go to question 5)                      \_\_\_ No (if no, screening is complete)

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (ie. Goggles, gloves, mask, and gown or N95 with aerosol generating medical procedures when you had close contact with a suspected or confirmed case of Covid-19?)

\_\_\_ Yes                      \_\_\_ No

If you have answered “yes” to questions 1,3, or have checked off signs or symptoms, you will need to reschedule your appointment.

If you have answered “yes” to question 4 but “yes” to question 5, you may proceed with your appointment.