

COVID-19 Screening and Consent Form

Full Name:

Date:

Screening

I have not had close contact with anyone with acute respiratory illness in the last 14 days

I have not travelled outside of Canada in the last 14 days

I do not have a confirmed case of COVID-19

I have not had close contact with a confirmed case of COVID-19

I do not have any of the following symptoms:

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

I am less than 70 years old, or I have not been experiencing any of the following symptoms:

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions

If any of the above boxes are not checked, the screening result is positive. Otherwise, it is negative.

Screening result: Positive Negative

Consent

- I understand the novel coronavirus causes the disease known as COVID-19
- I understand the novel coronavirus has a long incubation period during which carries of the virus may not show symptoms and still be contagious
- I confirm that I have screened negative above
- I confirm that I am not currently waiting for the test results of a laboratory test for the novel coronavirus
- I understand that Ontario Health Services has asked individuals to maintain social distancing of at least 2 meters (6 feet) and it is not possible to maintain this distance and receive a massage treatment
- I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have a massage therapy treatment

Consent obtained