



Please complete this Covid-19 screening questionnaire prior to your treatment. This form will be kept in your file.

1. Did you receive your final (or second) vaccination dose more than 14 days ago?  YES  NO

If you answer "No" to the above, please complete the following questions.

A. Have you traveled internationally within the last 14 days (outside Canada)?  YES  NO

B. Have you had close contact with a confirmed or probable COVID-19 without wearing appropriate PPE?  YES  NO

2. Do you have any of the following symptoms:  YES  NO

- Fever and/or chills
- Shortness of breath
- If adult >18 years of age: unexplained fatigue/ lethargy/ malaise/ muscle aches(myalgias)
- If child <18 years of age: nausea/ vomiting, diarrhea
- New onset of cough or worsening chronic cough
- Decrease or loss of sense of taste or smell

3. Have you tested positive for COVID-19 in the past 10 days or have you been told you should be isolating?  YES  NO

PATIENT SAFETY GUIDELINES & PROCEDURES

1. Patients are to wait outside of the clinic and will be allowed access only during their scheduled appointment times.
2. Patients only will be allowed access to the clinic. If someone has accompanied them, they will need to wait outside of the clinic.
3. Patients must have a face mask on when entering the clinic and while in the clinic. Gloves are recommended to be worn. If they do not have gloves, they will be asked to thoroughly wash and sanitize their hands.
4. Patients should limit the number of items brought into the clinic to bare minimums.
5. Patients will be required to review and sign a specialized consent form that verifies the answer to all COVID-19 screening questions is NO.
6. Patients will be required to use hand sanitizer on all areas of hands and wrist before entering the clinic and after treatment before leaving the clinic.
7. Patients should not touch their faces during their appointments.
8. If patients need to cough or sneeze at any point, they are to advise the practitioner as soon as possible and direct it into a tissue or their sleeve at the elbow. They will then be required to sanitize again.
9. Unless it is an absolute emergency, we ask patients not to use our washroom facilities.

I certify that I have answered the questions truthfully and read the patient safety guidelines.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_