In Motion
HEALTH WELLNESS FITNESS
www.sarniainmotion.ca

COVID-Screening (Based on Government of Ontario Health, COVID screening)

1. Do you have a fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing? ☐ Yes ☐ No

2. Have you had contact with anyone with confirmed COVID-19, or been confirmed as COVID positive, or been in contact with someone with an acute respiratory illness in the last 14 days? ☐ Yes ☐ No

3. Have you travelled outside Ontario in the last 14 days? ☐ Yes ☐ No

4. Have you been in a setting in the last 14 days that has been identified as having a higher risk for acquiring COVID-19, such as on a flight, at a workplace, or an event? ☐ Yes ☐ No

5. Are you experiencing **any** of the following symptoms? (check all that apply)

☐ Chest pain	☐ Headaches (new/unexplained)
☐ Severe difficulty breathing (at rest or lying down)	☐ Unexplained fatigue/malaise
☐ Confusion	☐ Diarrhea
☐ Extreme drowsiness or loss of consciousness	☐ Abdominal pain
☐ Sore throat	☐ Nausea/vomiting
☐ Hoarse voice	☐ Pink eye (conjunctivitis)
☐ Difficulty swallowing	☐ Runny nose/sneezing (without other known cause)
☐ Decrease or loss of sense of taste or smell	☐ Nasal congestions (without other known cause)
☐ Chills	

Anyone who has symptoms of COVID-19 should self-isolate from the day the symptoms started till they no longer have a fever and the other symptoms have resolved, with a minimum isolation period of 14 days (2 weeks). This means staying home and keeping away from others.

I confirm that the above is correct to the best of my knowledge. I understand that my practitioner needs to ask these questions of me in order to create a safe environment for the client and the practitioner.

I understand that these questions will be asked of me prior to every appointment as symptoms, or lack of symptoms, could change.

I understand that if I've made an appointment and my symptoms/health changes, I will reschedule the appointment and I also understand/expect that my practitioner will do the same.

I understand that my practitioner will take appropriate precautions as required. This will include but is not limited to: regular and frequent disinfecting and cleaning of spaces clients come into contact with, appropriate hand washing, use of hand sanitizer and use of personal protective equipment (as required).

Print Name: _____ Initial: _____ Date: _____

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