

## Covid-19 Screening Questionnaire

You may ONLY attend an appointment if you answer No to the following questions:

Do you have a fever, a new cough, a worsening chronic cough, shortness of breath or difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had close contact with anyone with acute respiratory illness or have you travelled outside of British Columbia in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell or taste, chills, unexplained or unusual headaches, unexplained fatigue/malaise, diarrhea, abdominal pain or nausea/vomiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are over 65 years of age, are you experiencing any of the following: delirium, falls, acute functional decline or worsening of chronic conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answered yes to any of these questions, you cannot be treated at this time. Please cancel your appointment immediately.*

You must agree to the following in order to receive treatment. Please tick the boxes next to each statement indicating that you have read, understood and agree to the terms specified.

- Within the 24-hour period prior to your appointment you must complete the BC COVID-19 Symptom Self-Assessment tool and you must stay home if you experience any symptoms of Covid-19. You will be asked upon arrival if you have completed this assessment. The tool can be found here: <https://bc.thrive.health/covid19/en>
- You are required to wear a CLEAN face mask that covers both the mouth and nose and that is without an exhalation valve in the clinic at all times. If you do not have one, one will be provided to you at the time of your appointment.
- You are required to arrive at your appointment unaccompanied, on time and will wait outside the clinic (in your vehicle or in the yard) until the therapist opens the door to greet you.
- You must leave promptly after your treatment so that the space can be sanitized for the next appointment.
- Upon entering the clinic, you are required to wash your hands for at least 20 seconds using warm soapy water or to use hand sanitizer which will be provided to you. If you opt to wash your hands with water you will go directly to the hand-washing sink, without touching anything before washing.

## COVID-19 Screening CONSENTS

### Accuracy of Information

- I certify that the above medical information is correct to my knowledge.

### No Guarantees About Contact with COVID-19.

I understand that while the therapist is following all the health and safety guidelines outlined by the College of Massage Therapists of British Columbia and the Provincial Health Officer and that they are taking all reasonable precautions to clean and disinfect the clinic and all the surfaces within the treatment room, there are no guarantees that I may not come in contact with COVID-19.

I understand and I also agree to defend, indemnify and hold harmless the therapist from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against her as a result of my having this treatment performed, or from my visiting her workplace.

**If the Therapist Tests Positive for COVID-19**

I understand that in the event that the therapist is confirmed COVID-19 positive and I have been treated within two weeks of her showing symptoms, my personal information may be shared with Provincial Health Authorities for contact tracing.

I understand and agree.

**If I Allege that I Caught COVID-19 from the Therapist**

The therapist must immediately call public health at 8-1-1 to report the alleged transmission, providing both the therapists' own name and the name and contact details of the patient. The patient must agree to the release of this information in order to receive treatment.

I understand and agree to the release of my personal information.

**Amanda Logan Wellness' Plan for Return to Clinical Practice in Respect of Covid-19**

The clinic is opening under the conditions that are outlined in the document Plan for Return to Clinical Practice in Respect of Covid-19 as found here:

<https://www.amandaloganwellness.ca/uploads/1/1/7/1/117168606/c19-plan-for-return-to-clinical-practice.pdf>

Patients must read this document in full prior to their appointment. This a living document and clinic procedures may change. It is the patient's responsibility to check this document prior to every appointment to ensure that they are aware of and agree to protocols as relevant at the time of their appointment.

I have read, understood and agree to clinic practices as outlined in the document titled: Plan for Return to Clinical Practice in Respect of Covid-19

Patient Full Name:			
Patient Signature:		Date Signed	