

CLIENT COVID-19 PRE-SCREENING FORM

Client Name: _____

Date: _____

Phone: _____

PLEASE FILL OUT THIS FORM AND RETURN IT TO TERRALEE WITHIN 24 HOURS BEFORE YOUR APPOINTMENT. PLEASE E-MAIL YOUR COMPLETED FORM TO: terralee@ulustudio.ca. IF YOU CAN NOT E-MAIL ME A COPY PLEASE BRING YOUR COMPLETED FORM TO YOUR SCHEDULED APPOINTMENT. IF YOUR CONDITION CHANGES FROM THE TIME THAT YOU SUBMIT THIS FORM AND BEFORE YOUR APPOINTMENT TIME, PLEASE RE-EVALUATE YOURSELF BEFORE ATTENDING THE APPOINTMENT.

Current temperature? _____

Signs of a fever:

- In adults: 38 C (100.4 F) and above (oral temperature)
- In older adults: 37.8 C (100 F) and above (oral temperature)
- In children: 38 C (100.4 F) and above (oral temperature)
- Or 1.1 C above the person's usual value

Do you have a fever?

YES NO

Are you experiencing any of the following?

- Severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Lost consciousness

YES NO

Are you experiencing any of the following?

- Shortness of breath at rest
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of your current respiratory illness

YES NO

Do you have any of the following?

- Fever
- New onset of cough or worsening of chronic cough
- New or worsening shortness of breath
- New or worsening difficulty breathing
- Sore throat
- Runny nose

YES NO

Do you have any of the following?

- Chills
- Painful swallowing
- Stuffy nose
- Atypical Headache
- Atypical Muscle or joint ache
- Feeling unwell, fatigue or severe exhaustion
- Nausea, vomiting, diarrhea or unexplained loss of appetite
- Loss of sense of smell or taste
- Conjunctivitis (pink eye)

YES NO

In the past 14 days, did you return from travel outside of Canada, or did you have close contact with someone who is confirmed as having COVID-19?

YES NO

If you have answered yes to any of these questions you are absolutely contraindicated for your service today. You must call to cancel your appointment. You may need to self-isolate. It is recommended that you immediately contact your local health authority and follow their instructions.

You have a responsibility to help prevent the spread of COVID-19. There are steps you can take to protect yourself and others.

Practice physical distancing. This is not the same as self-isolation. You do not need to remain indoors, but you do need to avoid being in close contact with people.

Practice good hygiene: wash hands often, cover coughs and sneezes, and avoid touching your face.

Monitor for COVID-19 symptoms: fever, cough, shortness of breath, sore throat, or runny nose.

If you do develop any COVID-19 symptoms, stay home, and take this self-assessment again.

Confidential History

In order to protect yourself, and others, honest disclosure is essential.

Form Completed By: _____

Date: _____

Signature: _____

Reviewed by TerraLee Hutchinson

Initials _____