

COVID-19 PRE-SCREENING RECORD - Page 1 of 2

Screening Date: _____

Therapist Name (print): _____

Client Name (print): _____

Parent/Guardian/Caregiver:(print)_____

Clients must be screened 3-5 days prior to appointment or if not possible when client books. Therapists / Clients and Persons accompanying clients must be screened on arrival. Signage indicating screening criteria should be posted in a location that is visible before entering the clinic.

In order to keep each other safe during your appointment and adhering to Public Health Protocols during COVID-19, please answer the following and sign on arrival.

1. Have you tested positive for COVID-19 that you have not fully recovered from? YES / NO

2. Are you experiencing any of the following symptoms? *(Not related to a previously documented health concern). (Please circle yes or no).

a. fever (i.e chills, sweats) YES / NO

b. cough or worsening of a previous cough YES / NO

c. sore throat YES / NO

d. headache YES / NO

e. shortness of breath* YES / NO

f. muscle aches YES / NO

g. sneezing YES / NO

h. nasal congestion/runny nose YES / NO

i. hoarse voice YES / NO

j. diarrhea YES / NO

k. unusual fatigue YES / NO

l. loss of sense of smell or taste YES / NO

m. red, purple or blueish lesions on the feet, toes, or fingers without clear cause YES / NO

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3. Have you travelled outside of Nova Scotia within the last 14 days or been in unprotected close contact with anyone who has in the last 14 days? YES / NO
4. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use)? YES / NO
5. Have you been or in contact with anyone experiencing any respiratory (difficulty breathing) or any other symptoms of COVID-19? YES / NO
6. Are you experiencing any seasonal allergies? If the answer is yes, you must wear a mask or reschedule appointment. YES / NO
7. Following this phone intake, are there any changes to the above answers? YES / NO

If your client answers yes to any of the above or believe to be symptomatic please direct them to call 811 or <https://811.novascotia.ca/>

To further help maintain a healthy environment, please inform clients of the following:

1. A mask will be worn by your Therapist. It is strongly recommended to wear a mask for your appointment.
2. Please make payment via e-transfer or debit/credit or exact change where possible
3. If symptoms do occur please call and reschedule
4. Please do not arrive earlier than 5 mins before appointment time.

Date of Telephone Call: _____ Date of Appointment: _____

Please sign below

Client: _____ Date: _____

Parent/Guardian/Caregiver: _____ Date: _____

Therapist: _____ Date: _____

All signed copies must be retained for your records with the Return to Work Protocol