

## Covid-19 Protocol Questionnaire

While Bodymed Rehabilitation is now authorized by the Ontario government and respective therapists' colleges to provide in-person care, there are a number of adjustments made to our appointment protocol that must be followed to ensure client, staff and community safety with each visit. **We appreciate your willingness to follow these standards and promote health and safety for all!**

The health authorities require that all clients attending in-person therapy appointments first review and answer the following questions. For the safety of our clients, staff, and community, it is fundamental that these questions be answered honestly and thoughtfully. These questions will be completed online the same day as your appointment. The results of this screening tool remain valid for 24 hours providing you remain asymptomatic. If you answer 'yes' to any of the following questions, we ask that you immediately call the clinic at (905)-265-8870 to discuss appropriate next steps and in-person appointment alternatives.



### Please consider these questions carefully

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Have you travelled outside of Ontario but within Canada in the past 14 days?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you travelled outside of Canada, including to the United States, in the past 14 days?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had NON-close contact with a confirmed or probable case of COVID-19 in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |

**Continue**



# Please reflect carefully on how you are feeling today



We are not screening for seasonal or environmental allergies: symptoms related to these scenarios do not preclude you from attending your appointment. The following questions are intended to capture new symptoms, or a worsening of long-standing symptoms. Please note that your therapist has the right to refuse or end treatment at any time based on their personal comfort level with their patient's health presentation.

	YES	NO
Do you have a fever of 38C (100.4F) or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any of the following symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
The new onset or worsening of a chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches (related to flu-like symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain (related to flu-like symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue (related to flu-like symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone living in your household have any of the above symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close contact with anyone with a confirmed or probable case of COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

We thank you for taking the time to complete this form. Please note that our staff are asked these questions each day as part of their daily screening. By signing below, you agree that you have provided your honest answer, to the best of your knowledge. Your signature also indicates that you accept the inherent risks of in-person physiotherapy treatment in light of the COVID-19 pandemic and any potential exposure that occurs as a result.

I ACCEPT AND AGREE

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

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

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