

Covid-19 Self-Assessment

Yes _____ No _____	Do you have a fever, a new cough, a worsening chronic cough, shortness of breath or difficulty breathing?
Yes _____ No _____	Have you had close contact with anyone with acute respiratory illness or have you travelled outside of Canada in the past 14 days?
Yes _____ No _____	Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
Yes _____ No _____	Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19? Do you have 2 or more of the following symptoms: Sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting?
Yes _____ No _____	If the person is over 65 years of age are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?

If you have answered "YES" to any of these questions you may not receive massage therapy today. Please contact 811 or your Doctor for further guidance.

You will not be charged if you need to cancel last minute due to any health reasons. You are still required to contact the office prior to your appointment if you wish to NOT be charged for the missed appointment.