

COVID-19 Screening Tool

Please complete this form and submit to representative at Crystal Garden preferably 1 day prior to appointment via email, however if this is not possible, there will be hard copy forms available to fill out at healing space prior to your appointment. The information recorded in this form is considered private and will be stored securely. When it is no longer necessary to keep the form, it will be destroyed according to privacy requirements. This information will only be used for screening purposes and to support contact tracing efforts, if required by the local public health authority. Thank you for your time and consideration.

Name (Print): _____

Name (Signature): _____

Telephone Number: _____ :

Location/Area/City you live in: _____

Date: _____ Time: _____

1. Are you experiencing any of the following symptoms with unknown cause?

▪ new or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ temperature equal to or over 38 °C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ feeling feverish	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ fatigue or weakness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ new loss of smell or taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ feeling very unwell	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Contact 911 if you are experiencing any symptoms requiring emergency care (e.g., severe difficulty breathing).

2. Have you had contact with any person with, or under investigation for, COVID-19 in the last 14 days? Yes No

3. Have you or anyone from your immediate household travelled outside of Canada in the past 14 days (for non-essential travel)? Yes No

Note: There may be specific quarantine requirements for inter provincial / territorial travel in your province or territory. Refer to the following website for details: <https://travel.gc.ca/travel-covid/travel-restrictions/provinces>

4. In the past 10 -14 days, have you been required to quarantine or isolate by your local public health authority? Yes No

If the answers to all these questions are "no" then proceed to work.

If the answers to any of these questions are "yes" then you should not proceed to appointment. Immediately discuss with the authorized person at Crystal Garden. Crystal Garden holds full discretion to decline appointments if necessary. You should go home / stay at home and call your health care provider or local public health authority.