

COVID-19 Screening Questions

Please note that RMT must screen the patient for risk of COVID-19 as required by *College of Massage Therapists of Ontario* by following the MOH's COVID-19 Patient Screening Document Guidance.

Background Questions

Q1. Did you receive the **final (or second)** vaccination dose more than **14 days ago**? A fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e. Johnson and Johnson). YES NO

Screening Questions

Q3. Do you have the following symptoms? YES NO

- Fever and/ or chills
- New onset of coughs or worsening chronic cough
- Shortness of breath
- Decrease or loss of sense of taste or smell
- If adult >18 year of age: unexplained fatigue/ lethargy/ malaise/ muscle aches (myalgias)
- If child < 18 year of age: nausea/ vomiting, diarrhea

Q4. Have you tested positive for COVID-19 **in the past 10 days**, or have you been told to isolate? YES NO

If answered No to Q1., please answer Q5. And Q6.

Q5. Did you travel outside of Canada in the past 14 days? YES NO

Q6. Have you had close contact with a confirmed case of COVID-19 without appropriate PPE? YES NO

Patient's Name

Date

Patient's Signature