



# Leah Yallop Massage Therapy

## Covid-19 Screening Questionnaire

You may ONLY book an appointment if you answer NO to the following questions:

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 British Columbia 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 COVID19?

Yes No

Have you been tested for COVID-19 in the past 14 days?

Yes No

Do you have any of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell or taste, chills, unexplained or unusual headaches, unexplained fatigue/malaise, diarrhea, abdominal pain or nausea/vomiting, loss of appetite?

Yes No

If you are over 65 years of age, are you experiencing any of the following: delirium, falls, acute functional decline or worsening of chronic conditions?

Yes No

If you answered yes to any of these questions, you cannot be treated at this time. Please cancel your appointment immediately and call 811 for further instruction.

If you are experiencing severe difficulty breathing, chest pain, having a hard time waking up, feeling confused, losing consciousness call 911.

You must agree to the following to receive treatment. Please initial next to each statement indicating that you have read, understood, and agree to the terms specified.

Within the 24-hour period prior to your appointment you must complete the BC COVID-19 Symptom SelfAssessment tool and you must stay home if you experience any symptoms of Covid-19. You will be asked upon arrival if you have completed this assessment. The tool can be found here: <https://bc.thrive.health/covid19/en>

You are required to wear a CLEAN face mask (either a newly cleaned cloth or new never worn paper mask) that covers both the mouth and nose and that is without an exhalation valve in the clinic at all times. If you do not have one, one will be provided to you at the time of your appointment. You are required to arrive at your appointment unaccompanied, on time and will wait outside the clinic (in your vehicle, sidewalk, or in in the yard) until the therapist opens the door to greet you. You must leave promptly after your treatment so that the space can be sanitized for the next appointment. Upon entering the clinic, you are required to wash you hands for at least 20 seconds using warm soapy water or to use hand sanitizer which will be provided to you. If you opt to wash your hands with water you will go directly to the hand-washing sink that is inside the bathroom, without touching anything in the clinic before washing.

## COVID-19 Screening CONSENTS

### Accuracy of Information

I certify that the above medical information is correct to my knowledge.

No Guarantees About Contact with COVID-19. I understand that while the therapist is following all the health and safety guidelines outlined by the College of Massage Therapists of British Columbia and the Provincial Health Officer and that they are taking all reasonable precautions to clean and disinfect the clinic and all the surfaces within the treatment room, there are no guarantees that I may not come in contact with COVID-19.

I understand and I also agree to defend, indemnify, and hold harmless the therapist from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against her because of my having this treatment performed, or from my visiting her workplace.

If the Therapist Tests Positive for COVID-19 I understand that in the event that the therapist is confirmed COVID-19 positive and I have been treated within two weeks of her showing symptoms, my personal information may be shared with Provincial Health Authorities for contact tracing.

I understand and agree.

If I Allege that I Caught COVID-19 from the Therapist The therapist must immediately call public health at 8-1-1 to report the alleged transmission, providing both the therapists' own name and the name and contact details of the patient. The patient must agree to the release of this information to receive treatment.

I understand and agree to the release of my personal information.

Leah Yallop Massage Therapy's Plan for Return to Clinical Practice in Respect of Covid-19. The clinic is opening under the conditions that are outlined in the document Plan for Return to Clinical Practice in Respect of Covid-19 emailed to patient at time of booking.

Patients must read this document in full prior to their appointment. This a living document and clinic procedures may change. It is the patient’s responsibility to check this document when emailed prior to every appointment to ensure that they are aware of and agree to protocols as relevant at the time of their appointment.

I have read, understood, and agree to clinic practices as outlined in the document titled: Plan for Return to Clinical Practice in Respect of Covid-19.

I do NOT consent to treatment today. \_\_\_\_\_

I consent to treatment today, knowing that (as with any treatment) I can revoke my consent and stop the treatment at any time. I understand the risk of COVID-19 exposure associated with massage therapy and have had as opportunity to ask questions about protocols.

Patient Full Name: \_\_\_\_\_

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

Date Signed \_\_\_\_\_