

WHITE ROCK MASSAGE THERAPY CLINIC

BC COVID-19 SYMPTOM SELF ASSESSMENT TOOL

Client name: _____

- Are you experiencing any of the following:
 - Severe difficulty breathing (struggling to breathe/ speaking single words)
 - Severe chest pain
 - Having a very hard time waking up
 - Feeling confused
 - Losing consciousness. No Yes

- Are you experiencing any of the following:
 - Mild to moderate shortness of breath
 - Inability to lie down because of difficulty breathing
 - Chronic health conditions that you are having difficulty managing because of difficulty breathing No Yes

- Are you experiencing cold, flu or COVID-19-like symptoms, **even mild ones**? Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite. No Yes

- Have you travelled to any countries outside Canada (including the United States) within the last 14 days? No Yes

- Did you **provide care** or have **close contact** with a person with confirmed COVID-19? No Yes

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, CANCEL YOUR MASSAGE & CONSIDER SEEING A DOCTOR

I understand that while the therapist is following all of the health and safety guidelines outlined by the Registered Massage Therapists Association of British Columbia, 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 into contact with COVID-19.

Signed: _____ Date: _____