BROADWAY WELLNESS

MANDATORY COVID-19 SCREENING

Please fill out this quick survey prior to your visit to help everyone stay safe and healthy!

This must be completed before you enter the clinic, for every treatment you attend during the Covid-19 Pandemic. You will be directed to fill out this form outside the clinic door, and directed to complete the Survey online before subsequent appointments. Thank you for your understanding!

Name_____ Date_____

1. Do you have a fever?

___ Yes ____ No

2. **Do you have any of the following signs or symptoms?**

___ New onset of cough ___ New loss or decrease in sense of taste or smell ___ Chills

___Worsening cough ___ Unexplained fatigue or malaise ___Runny nose

___Difficulty swallowing ___Sneezing (not allergy related) ___Sore throat

___Shortness of Breath ___Nausea/vomiting, diarrhea, abdominal pain ___Nasal conjestion

___Difficulty breathing ___Sudden onset new headache ___Hoarse voice

3. Have you travelled or had close contact with anyone who has travelled in the past 14 days?

___Yes ___No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of Covid-19?

___Yes (if yes, go to question 5) ___No (if no, screening is complete)

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (ie. Goggles, gloves, mask, and gown or N95 with aerosol generating medical procedures when you had close contact with a suspected or confirmed case of Covid-19?

___Yes ___No

If you have answered "yes" to questions 1,3, or have checked off signs or symptoms, you will need to reschedule your appointment.
If you have answered "yes" to question 4 but "yes" to question 5, you may proceed with your appointment.