

Deidre Comeau
Registered Massage Therapist
612 Highway 1 ~ 902-719-8444

Screening Questions

1. Do you have any of the following new or worsening symptoms or signs?

New or worsening cough Yes No

Shortness of breath Yes No

Sore throat Yes No

Runny nose, sneezing or nasal congestion

(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) Yes No

Hoarse voice Yes No

Difficulty swallowing Yes No

New smell or taste disorder(s) Yes No

Nausea/vomiting, diarrhea, abdominal pain Yes No

Unexplained fatigue/malaise Yes No

Chills Yes No

Headache Yes No

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days? Yes No

3. Do you have a fever? Yes No

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

Yes – go to question 5 No – screening complete

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19? Yes No