

Massage Therapist Association of Alberta COVID-19 SCREENING QUESTIONS

| Date: |
|---|
| Individual being screened name: |
| Screened by: |
| |
| The following questions must be asked of patients and companions: |
| Do you have current symptoms of COVID-19, such as: |
| Yes No a fever |
| a new or changed chronic cough |
| a sore throat that is not related to a known or pre-existing |
| condition |
| a runny nose that is not related to a known or pre-existing condition |
| nasal congestion that is not related to a known or pre- |
| existing condition |
| shortness of breath that is not related to a known or pre- |
| existing condition 'es No |
| Have you traveled internationally within the last 14 days? |
| Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.g. individuals exposed without appropriate PPE in use) |

Answering YES to any of the above questions indicates that an individual is symptomatic of COVID-19, or may have been exposed to COVID-19. Individuals should be told to self-isolate and call HealthLink 811.

If the individual is a patient, they are not eligible for care at this time. If the individual is a practitioner or staff, they are not eligible for work at this time.