JASON'S MOBILE MASSAGE
COVID-19 Client Screening

Client:
Screening Date:
Appointment Date (2nd screening):

Day Prior to Appointment:

1. Have you or anyone in your household had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

2. Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

3. Do you have any of the following symptoms:
    - Fever
    - New onset of cough
    - Shortness of breath
    - Difficulty breathing
    - Sore throat
    - Difficulty swallowing
    - Decrease or loss of sense of taste or smell
    - Chills
    - Headaches
    - Unexplained fatigue/malaise/muscle aches (myalgias)
    - Nausea, vomiting, diarrhea, abdominal pain
    - Pink eye (conjunctivitis)
    - Runny nose/nasal congestion without other known cause

4. **IF CLIENT IS OVER 70 YEARS OF AGE:** have you experienced any of the following symptoms:
    - Delirium
    - Unexplained or increased number of falls
    - Acute functional decline
    - Worsening chronic condition

Results: COVID Screen Negative / COVID Screen Positive

Day of Appointment:

1. Have you or anyone in your household had close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

2. Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

3. Do you have any of the following symptoms:
    - Fever
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Results: COVID Screen Negative / COVID Screen Positive