



Rockway Chiropractic Clinic COVID-19 Screening Questions

All patients, visitors and staff must answer **NO**
to **ALL** of the following questions to be allowed to enter our office:

Yes No

Are you experiencing any of the following symptoms without a known cause?

- Fever or Chills
- Headaches
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Runny nose/nasal congestion
- Nausea/vomiting, diarrhea, abdominal pain
- Unexplained fatigue/malaise/muscle aches (myalgias)
- New onset of cough
- Shortness of breath
- Worsening chronic cough
- Loss of taste or smell
- Pink eye (conjunctivitis)

Do you have a confirmed case of COVID-19 or had close contact with any person with COVID-19 in the last 14 days (without proper PPE)?

Have you or anyone from your household travelled outside of Canada in the past 14 days?

If the person is over 70 years of age, are they experiencing any of the following:

- Delirium
- Acute functional decline
- Worsening of chronic conditions
- Unexplained or increased number of falls

If **YES** is answered to **ANY** of these questions, this person should be advised to:

- Self-isolate and not attend in person at Rockway Chiropractic Clinic
- Contact their family doctor, Region of Waterloo Public Health (519-575-4400) or Telehealth Ontario (1-866-797-0000)

Name of individual being screened: _____

Date: _____ Screened by: _____