Natural Path Wellness Ltd. 81 Queen Street Dartmouth NS

COVID-19 Pre-Screening Checklist

-Must be completed 24–72hrs prior to appointment-

Client Name: ______________________________________ Date: ____________

Do you have any **one** of these symptoms?

YES NO

☐ ☐ fever (i.e. chills, sweats)
☐ ☐ cough or worsening of a previous cough
☐ ☐ sore throat
☐ ☐ headache
☐ ☐ shortness of breath
☐ ☐ muscle aches
☐ ☐ sneezing
☐ ☐ nasal congestion/runny nose
☐ ☐ hoarse voice
☐ ☐ diarrhea
☐ ☐ unusual fatigue
☐ ☐ loss of sense of smell or taste
☐ ☐ red, purple, or blueish lesions on the feet, toes, or fingers without clear cause

PLEASE CALL THE CLINIC 902-463-9351 IF ANY OF THESE SYMPTOMS CHANGE

☐ You **have not** travelled outside of the "Atlantic Bubble" in the last 14 days.
☐ You **have not** tested positive for Covid-19 that you've not recovered from.
☐ You **have not** knowingly been in contact with anyone who has tested positive for Covid-19 **or** anyone who they suspect has symptoms of Covid-19 in the last 14 days.

*****Please note:**

- **Masks must be worn at all times in the clinic including during treatment, we will provide you with one if you don't have one.**
- **Companions of the client must also be pre screened if coming in to the clinic and wear a mask. The waiting area is closed so companions either have to stay in the treatment room (ie. Parents/guardians) or wait outside.**

PORTION BELOW TO BE COMPLETED UPON ENTERING CLINIC

☐ The Client **does not have/is not exhibiting** any symptoms of Covid-19 as listed by NS Public Health Guidelines

Staff Signature: ____

Print Name: ____

Comments/notes: