



Business/ Family / Client Pre-Screening FOR MOBILE MASSAGE SERVICES

As part of the Public Health Protocols and in order for me to safely do my job and protect your household and the public, the following questions need to be answered before I arrive for our massage therapy sessions. The answers to the questions below only pertain to NEW AND /OR WORSENING SYMPTOMS, not existing health issues that are being treated on an ongoing basis.

Please answer and sign the following, it will be attached to your massage file.

1. Have you (or anyone in your household) experienced any of the following (please circle Yes OR No):

Fever (i.e. chills, sweats)	YES	NO
Cough or worsening of a previous cough	YES	NO
Sore throat	YES	NO
Headache	YES	NO
Shortness of breath	YES	NO
Muscle aches	YES	NO
Sneezing	YES	NO
Nasal congestion/runny nose	YES	NO
Hoarse voice	YES	NO
Diarrhea	YES	NO
Unusual fatigue	YES	NO
Loss of sense of smell or taste	YES	NO
Red, purple or blueish lesions on the feet, toes, or fingers without clear cause	YES	NO

2. Have you (or anyone in your household) traveled outside of Nova Scotia within the last 14 days? YES NO

3. Have you (or anyone of your household) 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)? YES NO

If you (or anyone within your household) answers yes to any of the above questions or if you (or anyone else in your household) has become symptomatic at any point prior to your scheduled appointment, I am asking you to postpone your treatment until you (or anyone else in your household) are well and symptom free. You are also advised to use the 811 on-line self-assessment <https://811.novascotia.ca> if you (or anyone in your household) are unwell the day of the appointment and I will only attend your household if you are told that you (or anyone in your household) does not need to be tested for COVID-19.

I understand that this is a lot. The only way that I am going to be able to do my job safely and protect my family and yours is to abide by the rules that have been put in place.

Please sign and date this document and have it ready when I arrive for your massage treatment. If you are unable to print and sign this document, let me know and I will print it and bring it with me. We are all in this together and we will get through this.

Print Name: _____

Signature: _____

Date: _____