



Brooklin Village Physiotherapy

"It Takes A Village....."

BVP Patient Screening Protocol for COVID-19

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization and should be completed on the day of your appointment.

Name:

Date:

Screening questions: Please only check if answer is yes

1. Did you have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?
2. Do you have a suspected or confirmed case of COVID-19 or had close contact with someone with a suspected or confirmed case of COVID-19?
3. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions:
 - ☐ Fever
 - ☐ New onset of cough
 - ☐ Worsening chronic 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 you are over 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

COVID-19 Screening Results

If response to ALL of the screening questions is NO: COVID Screen Negative

If response to ANY of the screening questions is YES: COVID Screen Positive – please notify Brooklin Village Physiotherapy and we will direct on the appropriate next steps to take.

Signature

Thank you for helping keep everyone safe and healthy by completing this screening form.

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