

Canada Acupuncture Inc. – COVID19 questionnaire

Name:

Date:

Please answer the following questions as Yes/No:

 Are you experiencing any of the following primary COVID-19 symptoms, even mildly?

• fever

 • a new cough or a chronic cough that is worsening

 • shortness of breath that is new or worsening

 • difficulty breathing

 • sore throat

 • runny or stuffy nose

Are you experiencing any of the following secondary COVID-19 symptoms, even mildly?

 • painful swallowing

 • headache

 • chills

 • muscle or joint pain

 • general feeling of unwell, new fatigue, or severe exhaustion

 • gastrointestinal symptoms (nausea, vomiting, diarrhea, or unexplained loss of appetite)

 • loss of sense of smell or taste

 • conjunctivitis (commonly known as pink eye)

Have you been in contact with anyone who has been diagnosed with COVID-19?

Have you travelled outside of Canada in the last 14 days?

Have you been in contact with anyone who has travelled outside of Canada in the last 14 days?

Signature: