



ACTIVE BODY CLINIC

4 Kellyville Court, Portlaoise, Co. Laois

PRE-APPOINTMENT COVID 19 SCREENING FORM

BEFORE attending ACTIVE BODY CLINIC at this time, all clients must carefully review the attached COVID-19 Clinic Policy, which includes these procedures, then complete the following 5 Questions and then sign at the bottom:

• **Do you have any of the following list of symptoms now or in the past 14 days?**

- cough - fever - high temperature - breathlessness - runny nose
- sore throat - loss of Taste - loss of Smell -flu like symptoms

Yes

No

• **Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?**

Yes

No

• **Are you a close contact of a person who is a confirmed or suspected case of COVID19 in the past 14 days (i.e. less than 2m for more than 15 minutes accumulative in 1 day)?**

Yes

No

• **Have you been advised by a doctor to self-isolate at this time?**

Yes

No

• **Have you been advised by a doctor to cocoon at this time?**

Yes

No

SIGNED (PATIENT): _____

DATE: _____

SIGNED (THERAPIST): _____

DATE: _____

NOTE: If you answer 'Yes' to any of these questions, we regret that we cannot provide you with Osteopathy or Athletic Therapy services at ACTIVE BODY CLINIC at this time.