

## COVID-19 Pre-screen Questionnaire

### Temperature taken before every appointment

I will be taking your body temperature with a No Contact Forehead Infrared Thermometer before your appointment time. If your temperature is 100° F (37.8° C) or above, you will be asked to reschedule your appointment — and it is recommended that you contact your doctor.

### Client / Patient disclosure

This form asks information from you that I must consider before making treatment decisions in the circumstances of the COVID-19 virus.

Have you had a fever in the last 24 hours of 100° F (37.8° C) or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you travelled outside of the state (by car, plane, train, or bus) — or have had close contact with anyone who has travelled in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you had close contact with anyone with respiratory illness or a confirmed or probable/suspected case of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you tested positive for Covid-19 or had a positive antigen test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have any of the following signs or symptoms?

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|--|---|--|
| <input type="checkbox"/> New onset of cough                                      | <input type="checkbox"/> Worsening chronic cough        | <input type="checkbox"/> Sore throat, difficulty swallowing              |
| <input type="checkbox"/> Hoarse voice  | <input type="checkbox"/> Shortness of breath            | <input type="checkbox"/> Chest pain / difficulty breathing               |
| <input type="checkbox"/> Runny nose (not allergy related)                        | <input type="checkbox"/> Nasal congestion               | <input type="checkbox"/> Headache / Migraine                             |
| <input type="checkbox"/> Sneezing (not allergy related)                          | <input type="checkbox"/> Chills                         | <input type="checkbox"/> Muscle or joint aches and pain?                 |
| <input type="checkbox"/> Discolored fingertips or toes? (Purple, blue, or white) | <input type="checkbox"/> Nausea/vomiting                | <input type="checkbox"/> Diarrhea, abdominal pain                        |
| <input type="checkbox"/> <b>None</b>   | <input type="checkbox"/> Unexplained fatigue or malaise | <input type="checkbox"/> New loss or decrease in sense of taste or smell |

If you have answered “Yes” to any of the questions above, or have checked off signs or symptoms, you may need to reschedule your appointment.



Client / Patient Agreement

By signing this document, you confirm that you have:

- Answered the COVID-19 questions truthfully or to the best of your ability. You understand that by not answering the COVID-19 questions accurately, you put my health and the health of others at risk.
- Read the changes to my practice protocols and agree to follow them.
- Read the information about COVID-19.
- Accept that there is an increased risk of contracting the COVID-19 if you choose to receive massage / manual therapy treatment from Darin Stumme, LMT.
- You understand and accept the additional risk of contracting COVID-19 from contact at this office and in this building.
- You also acknowledge that you could contract the COVID-19 virus from outside this office and unrelated to my visit here.

Your name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Practitioner Agreement

I, Darin Stume, LMT, attest that I have not had COVID-19 symptoms.

I will routinely check my temperature on the mornings I will be working.

In the event, that I develop any symptoms for COVID-19, I will cancel my appointments to keep everyone safe.

I have not travelled outside  King County /  Washington by air, bus, or train in the past 14 days.

LMT Signature \_\_\_\_\_ Date \_\_\_\_\_