



Massage Therapist Association of Alberta COVID-19 SCREENING QUESTIONS

Date: _____

Individual being screened name: _____

Screened by: _____

The following questions must be asked of patients and companions:

Do you have current symptoms of COVID-19, such as:

Yes No

a fever

a new or changed chronic cough

a sore throat that is not related to a known or pre-existing condition

a runny nose that is not related to a known or pre-existing condition

nasal congestion that is not related to a known or pre-existing condition

shortness of breath that is not related to a known or pre-existing condition

Yes No

Have you traveled internationally within the last 14 days?

Have you 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)

Answering YES to any of the above questions indicates that an individual is symptomatic of COVID-19, or may have been exposed to COVID-19. Individuals should be told to self-isolate and call HealthLink 811.

If the individual is a patient, they are not eligible for care at this time. If the individual is a practitioner or staff, they are not eligible for work at this time.