



BC COVID-19 Symptom Self-Assessment and Consent to Treatment

This self-assessment tool, developed with the BC Ministry of Health, will help determine whether you may need further assessment or testing for COVID-19. Please note if any of the responses to the questions below are “yes” treatment cannot be provided.

Are you experiencing any of the following?

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

NO _____ YES _____

Are you experiencing any of the following?

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

NO _____ YES _____

Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?

- Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite.

NO _____ YES _____

Have you traveled to any countries outside Canada (including the United States) within the last 14 days?

NO _____ YES _____

Did you provide care or have close contact with a person with confirmed COVID-19?

Note: This means you would have been contacted by your health authority’s public health team.

NO _____ YES _____

Any massage therapy treatment involves some risk of COVID-19 transmission. Jennifer Campbell, RMT will be following the protocol set out by the CMTBC to reduce or mitigate risk; but that risk cannot be reduced to zero.

I understand that Jennifer Campbell, RMT has taken measures to minimize the risk of viral transmission, and that the nature of massage therapy means that physical distancing is not possible in the treatment room. I consent to receive Registered Massage Therapy from Jennifer Campbell, RMT despite some potential risk.

(patient signature)

(date signed)