



## CANADIAN PHYSIOTHERAPY ASSOCIATION COVID-19 SCREENING QUESTIONNAIRE

We require you to fill out the below questionnaire each day prior to attending any on-site courses to assist in determining your fitness to participate in **[INSERT COURSE HERE]** during the COVID-19 pandemic and to provide a safe environment for instructors, assistants, and course participants.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) **(NOTE: depending on the jurisdiction of the course, this authority will change)** and will be used and disclosed solely for the purposes of determining fitness for course participation during the COVID-19 pandemic.

A copy of the CPA’s Guideline for Returning to In-Person Education and the Infection Control Protocol are available **here (note: hyperlink to the documents)**. Please review these documents in advance of attending any on-site courses to ensure that you are aware of the requirements imposed upon you as well as the equipment you are required to bring with you each day of your course schedule.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms related to allergies, chronic, or pre-existing conditions. Those with symptoms related solely to pre-existing conditions or allergies may still attend AIM courses.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Risk Assessment Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic, or pre-existing conditions: fever > 37.8°C, cough or worsening of chronic cough, new or worsening shortness of breath, new or worsening difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you had chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, fatigue or severe exhaustion, nausea, vomiting, diarrhea, or unexplained loss of appetite, loss of sense of smell or taste, or conjunctivitis (pink eye) <i>not related</i> to a pre-existing medical condition in the last 24 hours?	Yes	No



3.	Have you or anyone in your household returned to Canada from outside the country (including USA) in the past 14 days or travelled out of province (please disclose and discuss out of province travel with the course instructor)?	Yes	No
4.	Have you or anyone in your household been in close contact* in the last 14 days with someone who has a probable** or confirmed case of COVID-19?	Yes	No
5.	Are you currently being investigated as a suspect case of COVID-19?	Yes	No
6.	Have you tested positive for COVID-19 within the last 14 days?	Yes	No

**Please share your completed questionnaire with the screener.**

**If you answer “YES” to any of the above, you are not permitted to attend the course at this time and you must self-isolate. Please find the Isolation Protocol [here \(note: hyperlink to the Isolation Protocol\)](#). If you answer “NO” to all of the above, you can proceed to participate in the course.** If you develop symptoms at any point prior to or during the course, please complete a new questionnaire.

Please review the Isolation Protocol for guidance pertaining to the actions to be taken upon development of symptoms, coming into close contact with a positive or presumed positive COVID-19 individual, and/or obtaining a positive or presumed positive COVID-19 test yourself.

\*Close contact includes providing care, living with, or otherwise having close prolonged contact (within 2 metres) while the person was ill or contact with infectious bodily fluids (e.g., from a cough or sneeze) while not wearing recommended Personal Protective Equipment (PPE).

\*\*Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate PPE, OR a person with clinical illness who meets the COVID-19 exposure criteria AND in whom laboratory diagnosis of COVID-19 is inconclusive.

*Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath/difficulty breathing, sore throat, or runny nose.



*Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19.

<b>Screening Result, please indicate pass or fail</b>	<b>PASS</b>	<b>FAIL</b>
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**Screeener Name:** \_\_\_\_\_

**Screeener Signature:** \_\_\_\_\_