COVID-19

Screening Questions for Clients/Patients

Canadian Association of Clinical Thermography (CACT) requires all member clinics to screen every client / patient attending an in person appointment.

If you answer "yes" to any of the following questions, we cannot see you for an in-person appointment until you no longer present with any of these symptoms.

1. **Have you travelled outside Canada in the last 14 days?**

   ☐ Yes ☐ No

2. **Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?**

   ☐ Yes ☐ No

3. **Do you have any of the following symptoms?**

☐ Yes	☐ No	• Fever
☐ Yes	☐ No	• New onset of cough
☐ Yes	☐ No	• Worsening chronic cough
☐ Yes	☐ No	• Shortness of breath
☐ Yes	☐ No	• Difficulty breathing
☐ Yes	☐ No	• Sore throat
☐ Yes	☐ No	• Difficulty swallowing
☐ Yes	☐ No	• Decrease or loss of sense of taste or smell
☐ Yes	☐ No	• Chills
☐ Yes	☐ No	• Headaches
☐ Yes	☐ No	• Unexplained fatigue/malaise/muscle aches (myalgias)
☐ Yes	☐ No	• Nausea/vomiting, diarrhea, abdominal pain
☐ Yes	☐ No	• Pink eye (conjunctivitis)
☐ Yes	☐ No	• Runny nose or nasal congestion without other known cause

4. **If you are 70 years of age or older, are you experiencing any of the following symptoms?**

☐ Yes	☐ No	• Delirium
☐ Yes	☐ No	• Unexplained or increased number of falls
☐ Yes	☐ No	• Acute functional decline
☐ Yes	☐ No	• Worsening of chronic conditions

Patient Name: **Date:** **Signature:**

COVID-19 Screening Results
• your responses to ALL of the screening questions is NO: You have screened "Negative and may attend your appointment
• If your response to ANY of the screening questions is YES: You have screened "Positive" should self-isolate and get tested

Canadian Association of Clinical Thermography