

Simple Vitality

COVID-19 Questionnaire and Consent Form

Please complete this questionnaire prior to your visit. If you answer YES to any of the following questions, you cannot receive a treatment for a minimum of 14 days. This form will be kept in your file.

1. Do you have any of the following symptoms: Fever/feverish, new or existing cough and/or difficulty breathing?

YES NO

2. Have you traveled internationally (outside of Canada) within the last 14 days?

YES NO

3. Have you had close contact with a confirmed or probable COVID-19 case?

YES NO

4. Have you had close contact with a person with acute respiratory illness who has been outside of Canada in the last 14 days?

YES NO

I certify that:

1. I have answered the questions truthfully,
2. I have read, understand, and will comply with Simple Vitality's COVID-19 Clinic Safety Procedures as outlined on www.simplevitality.ca, and
3. I consent to an in-person / close contact chiropractic treatment

Name: _____

Signed: _____

Date: _____