



COVID-19 SCREENING AND WAIVER FOR IN-PERSON SERVICES

In order to be seen for your appointment today, you need to meet the following criteria:

1. You have NOT experienced any symptoms of COVID-19 in the last 14 days. Symptoms can include:
 - Runny nose
 - Sore throat
 - New cough
 - Difficulty breathing
 - Fever

INITIAL: _____

2. You have not been in contact with anyone with these symptoms, or any person with a positive diagnosis of COVID-19.

INITIAL: _____

3. You have not traveled outside of BC in the last 14 days.

INITIAL: _____

By my signature below, I certify that I have read and understood the above criteria and answered them truthfully. I also acknowledge that Connell Counselling and Neurotherapy Services has taken every precaution to adhere to government and health authority guidelines to ensure my health and safety. I understand that it is my choice to be here and I understand the risks involved. I do hereby release Connell Counselling and Neurotherapy Services and staff from any claim or cause of action that may have occurred as a result of any medical problem known or unknown, which I have knowledge of presently or in the future, including COVID-19.

NAME: _____

SIGNATURE: _____

DATE: _____