



## CHECKBOX FORM (COVID-19)

### Check the boxes of Part 1 to 4

**Part 1: For any osteopathic session, I understand that it is required that I should \***

- ☐ Not have return from a trip abroad in the last 14 days
- ☐ Not have any of the following symptoms: fever, cough, difficulty breathing, diarrhea, loss of taste or smell
- ☐ Not have had a positive test for COVID-19 less than one (1) month ago or be waiting for the result of a test
- ☐ Not have been in contact with a confirmed or probable case of COVID-19 for less than 14 days
- ☐ Have scrupulously observed my quarantine if it has been required or recommended
- ☐ Cancel my appointment if any of the above conditions were non filled

**Part 2: For my osteopathic session, I am aware that \***

- ☐ I should asked any question and express any concern in relation to my protection considering the COVID-19 situation
- ☐ I should inform my osteopath of any condition considered to be at higher risk (immunosuppressed, diabetic, obese, suffering from hypertension, etc.) or discuss eventually any issue of concern (general health, age, etc...) st
- ☐ I will have to wash my hands at the beginning of the session and before leaving
- ☐ I will have to wear a mask during the whole session (procedural/surgical mask provided by the osteopath)
- ☐ I will have to pay attention to physical distancing as much as possible (not possible during the therapy phase) t
- ☐ I can eliminate money and/or receipt handling by using electronic paiement and electronic receipt

**Part 3: I am informed that \***

- ☐ I should come alone at my appointment or contact my osteopath if another person must be with me
- ☐ Children can be accompanied by only one parent.
- ☐ The parent should bring toys or books as it will not be possible to provide them
- ☐ The mask will not be required for children under two years of age, or for any child or person who would not be able to remove it without help in the event of respiratory discomfort.

**Part 4: I have been informed of the protection measures implemented by my osteopath in relation with COVID-19 \***

- ☐ By phone, voice mail or in person
- ☐ By the specific poster and brochure received directly or found on the Home page of my osteopath's website
- ☐ By this checkbox form

Merci d'avoir pris connaissance des mesures de protection mises en œuvre à la clinique !

Pour more detailed information, see :  
[www.murielaubryosteo.info](http://www.murielaubryosteo.info)

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