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Operating out of Kalin Centre, Edmonton

FITNESS for IN-PERSON SESSIONS. You are required to fill out a questionnaire, related to the COVID-19 pandemic and in order to provide a safe environment for yourself and others, to assist in determining fitness for receiving in-person therapeutic services before each session start.

Client Name: _____

Date: _____

Screening Questions

1. Do you have any of the following new or worsening symptoms or signs?

New or worsening cough ☐ Yes ☐ No

Shortness of breath ☐ Yes ☐ No

Sore throat ☐ Yes ☐ No

Runny nose, sneezing or nasal congestion
(in absence of underlying reasons for symptoms such as
seasonal allergies and post nasal drip)
☐ Yes ☐ No

Hoarse voice ☐ Yes ☐ No

Difficulty swallowing ☐ Yes ☐ No

New smell or taste disorder(s) ☐ Yes ☐ No

Nausea/vomiting, diarrhea, abdominal pain ☐ Yes ☐ No

Unexplained fatigue/malaise ☐ Yes ☐ No

Chills ☐ Yes ☐ No

Headache ☐ Yes ☐ No

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

☐ Yes ☐ No

3. Do you have a fever?

☐ Yes ☐ No



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4. In the last 14 days, did you have close contact* with a person who has a probable** or confirmed case of COVID-19?

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) 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.

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

☐ Yes ☐ No

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

☐ Yes ☐ No ☐ Not Applicable

6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?

☐ Yes ☐ No ☐ Not Applicable

If you answer “YES” to any of the above, you are **not** permitted to attend in-person session at this time. Please complete the Self-Assessment Tool at ahs.ca/covid to determine your need for COVID-19 testing.

This screening questionnaire will become part of your clinical file and is subject to the limits of confidentiality in your consent to treatment documents.

Signature: _____