



# BELLE FEMME CLINIC

BELLE FEMME INTERNATIONAL CORPORATION

Face and Body Contouring | Nutrition and Diet | Injectable | Permanent Makeup

Contact: 1-833 BE PRETTY (237 7388) | Web: [BELLEFEMME.CLINIC](http://BELLEFEMME.CLINIC)

**YOUR BEST LOOK FEELS BETTER**

## COVID-19 Patient Screening Guidance Document (Version 4.0 – June 11, 2020)

Be advised, the self-assessment is only meant as an aid and cannot diagnose you. Consult a health care provider if you have medical questions.

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization. This document should be used to screen people who are suspected or confirmed of having COVID-19 throughout the health and emergency response system. Ensuring all health providers are following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

**\*\* Please be advised this application will be kept in your records, and Belle femme Clinic refusing to provide service to patients without filling this application.**

### COVID-19 Patient Screening Guidance

- This checklist provides basic information only for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen for COVID-19 and can be adapted based on need/setting.
- This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve according to the evidence, including data received from surveillance testing initiatives.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening questions may discontinue.
- In the event a hospital emergency department modifies or adds COVID-19 screening questions, they should alert the local paramedics services of any changes.

### Screening Questions

**Q2: Did you travel outside of Canada in the past 14 days?**

YES       NO , if Yes Please explain \_\_\_\_\_

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**Q3: Has you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?**

YES       NO , if Yes Please explain \_\_\_\_\_

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**Q4: If the person is 70 years of age or older, are they experiencing any of the following symptoms?**

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions

YES       NO , if Yes Please explain \_\_\_\_\_

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## Q5: Does the person have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause

YES       NO , if Yes Please explain \_\_\_\_\_

I \_\_\_\_\_ Declare, Answers I provided to the Covid-19 Screening Questions are correct and I Understand that providing any false information would be consider as recklessness and do have federal and provincial consequences.

Signed and dates on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, At Town of \_\_\_\_\_, Province of \_\_\_\_\_.



CLIENT NAME : \_\_\_\_\_, Contact Number : \_\_\_\_\_, Email : \_\_\_\_\_.

SIGNATURE : \_\_\_\_\_

SIGNED UNDER SEAL.

## To be filled by Technician

**Screening Results**  COVID Screen Negative       COVID Screen Positive       Unknown

Appointment Date: \_\_\_\_\_ Arrival Time \_\_\_\_\_ Leaving Time \_\_\_\_\_

Clinic File Number: \_\_\_\_\_.

\* Body Temperature at Arrival: \_\_\_\_\_, Body Temperature at Leaving: \_\_\_\_\_.



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BELLE FEMME CLINIC, TECHNICIAN NAME: \_\_\_\_\_.

SIGNATURE : \_\_\_\_\_