



**Date:**

**Dear Parents/Caregivers**

**Please answer the COVID-19 screening questions then return to The Speech Solution Centre via email before you attend your scheduled session. Otherwise we will not be able to see you for therapy.**

**Q1: Did you have close contact with anyone with acute respiratory illness?**

**YES**

**NO**

**Q2. Did you travel outside Ontario in the past 14 days?**

**YES**

**NO**

**Q3: Do you have a confirmed case of COVID-19, or had close contact with a confirmed case of COVID-19?**

**YES**

**NO**

**Q4: Do you have any of the following symptoms? (Please circle all that apply)**

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



**Q5: If the person accompanying the child is 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions (Please circle all that apply)**

**If the response to all of the questions is NO, then the COVID screen is negative and we can see you for the session at the Clinic.**

**If the response to any of the questions is YES, then the COVID screen is positive and you should not come to the clinic. You should contact your family physician or contact Telehealth Ontario at 1-866-797-0000 to determine next steps.**

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**Parents/Caregivers Signature**

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**Date Signed**

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