national music therapy institute

COVID-19 Questionnaire & Consent

A Name of client / organization

Individual client: _____

Organization: _____

Representant of the organization: _____

Note: It is the responsibility of the person representing the organization to transmit the questionnaire and obtain the consent of all the people from the organization that will come at the Institute, and to advise us in the case of risks of transmission of Covid-19.

B Do you have Covid-19 symptoms?

Fever sensation, flu-like chills _____ □ Yes □ No

Recent cough or worsening chronic cough _____ □ Yes □ No

Unusual breathing difficulties or shortness of breath _____ □ Yes □ No

Loss of smell without nasal congestion, with/without loss of taste _____ □ Yes □ No

Nasal congestion and/or sore throat _____ □ Yes □ No

Stomach ache/ diarrhea/ Nausea/ vomiting, with/without significant loss of appetite: _____ □ Yes □ No

Unusual intense fatigue for no reason _____ □ Yes □ No

Unusual headache: _____ □ Yes □ No

Unusual muscle pain: _____ □ Yes □ No

C Contacts or waiting for results?

Are you awaiting a Covid test result? _____ □ Yes □ No

Have you been in contact with a case of Covid-19 for less than 5 days? _____ □ Yes □ No

Have you been instructed to isolate yourself (after a trip / Covid contact)? _____ □ Yes □ No

D Responsabilities and consent

- If the answer is YES to any of the above questions within 48 hours before a visit to the Institute, I promise to inform the Institute as soon as possible and to cancel the appointment
- I have been informed of the sanitary measures to respect when visiting the Institute
- I promise to advise the Institute without delay if a positive result to a Covid-19 test is received within the 5 days following a presence in your premises.

_____ _____

Signature of client / representant of the organization Date