



COVID-19 Pre-Appointment Screening

For the safety of MacDonald & Partners LLP staff and our clients, we reserve the right to cancel or reschedule appointments for anyone who might pose a health risk. Please complete the following form before your appointment. If you are unable to confirm any of the following questions, please contact us immediately to discuss your situation.

Please confirm that you have not tested positive or received a confirmed diagnosis for COVID-19 in the last 14 days. *Answer required*

Confirm no diagnosis

Please confirm that you are not currently experiencing a Fever or Shortness of Breath. *Answer required*

Confirm no fever

Please confirm that you have not been within 6 feet of or live with a person with a confirmed case of COVID-19 in the past 14 days. *Answer required*

Confirm no contact

Please confirm that you have not experienced any of the following symptoms in the last 14 days: Fever, Shortness of Breath, new or worsening Cough, Runny, Stuffy or Congested Nose (not related to seasonal allergies or known condition), Chills, Muscle Pain, Headache, Sore Throat, Difficulty Swallowing, new Loss of Taste or Smell, Digestive Issues or Diarrhea, Unusual Fatigue, Falling Down often, Sluggishness or Lack of Appetite. *Answer required*

Confirm no symptoms

Please confirm that you have not travelled in the last 14 days to regions affected by COVID-19. *Answer required*

Confirm no travel

Date: _____

Name: _____

Signature: _____