**Question List Infection Prevention Covid-19**

**Revised on 16 January 2022**

Dear client,

It is important that we prevent the spread of COVID-19 together. To assess whether it is responsible to give you Shiatsu Therapy, I would like to ask you to answer the questions below before entering the treatment. Please fill in your name and date, sign the form and send it (scanned version or photo) back by e-mail prior to your appointment.

* **In case of one “Yes” to any of the questions, please don’t come to the practice directly.** I can give you free consultation for self-treatment through (video or phone) call or refer you to my colleagues for herbal medicines which can promote your immunity (good Qi/energy) in the process of preventing and recovering from Covid-19.

* **If you have any questions about your health conditions, please email or call me for further confirmation.** Especially some of the Covid-19 symptoms can be confused with **existing** issues such as asthma, hay fever, irritable bowel syndrome, PMS, burn-out and so on. Together we decide if the treatment is responsible.
* **If all the answers are “No”, then treatment can take place**.
* You are required to cancel the appointment if you get any of the suspicious symptoms before your appointment. **The cancellation will not be charged.**
* The question list is mainly based on the information from:   
  RIVM: <https://www.rivm.nl/coronavirus-covid-19/actueel>  
  CAM-sector breed Leidraad infectiepreventie Covid-19 (by professional associations e.g. RBCZ and SVN)
* Also clinical observations and scientific researches from China and other countries have been used. E.g.

<https://www.welingelichtekringen.nl/gezond/1748333/15-symptomen-dat-je-het-virus-al-hebt-gehad.html>

Thank you very much for your understanding and cooperation!   
  
**p.s. please find the question list on the next page**

**Question list infection prevention Covid-19 Name client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Numbers** | **Questions** | **Yes** | **No** |
| 1. | Do you now have confirmed Corona infection? |  |  |
| 2. | Do you now have roommates with Corona? |  |  |
| 3. | Are you in home quarantine? |  |  |
| 4. | Do you now have any of these symptoms?   * (dry) coughing or sneezing * fever (38⁰C or higher) * shortness of breath * (nose) cold such as runny nose. sore throat, cold shivers * loss of smell and/or taste * unknown fatigue or tiredness * unknown headache * aching/pain in muscles/bones * unknown skin problems * loss of appetite * nausea, diarrhea or other unknown abdominal complains * inflammation or burning eyes * Covid-toes (inflammation) |  |  |
| 5. | Did you have any of these symptoms **within the past 14 days,** which haven’t been confirmed/tested “Corona Negative”? |  |  |
| 6. | **Within the past 14 days,** have you been in contact with a person who has one of these symptoms? |  |  |
| 7 | Have you **had** a confirmed Corona infection? |  |  |
|  | **In case of “Yes” to question 7, answer further 8** |  |  |
| 8. | Have you been **free** of symptoms for **less than 14 days**? |  |  |

* **In case of one “Yes” to any of the questions, please don’t come to the practice directly.**
* If all the answers are “No”, then the treatment can take place.
* If you have any questions about the symptoms, please email or call me for further confirmation.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**