

Pearl Rehab Daily Health Screen Covid19

Patient Name:

Body Temperature:

Signature: Date:

Have you had any of the following symptoms in the last 14 days?

Fever or chills (y) (n)

Cough (y) (n)

Shortness of breath or difficulty breathing (y) (n)

Fatigue (y) (n)

Muscle or body aches (y) (n)

Headache (y) (n)

New loss of taste or smell (y) (n)

Sore throat (y) (n)

Nausea or vomiting (y) (n)

Diarrhea (y) (n)

Congestion or runny nose (y) (n)

Have you been exposed to someone diagnosed with COVID-19 within the last 14 days? (Y) (N)

If "yes," since exposure, have you been tested for COVID-19? _____

Have you been diagnosed with COVID-19? (Y) (N)

If "yes," have you been cleared of it since testing positive? _____

If answered "yes" to any of the above: Have you discussed these symptoms with your physician? _____

Dear Pearl Rehabilitation family and friends,

We understand the concern around the rapidly evolving Coronavirus (COVID-19) outbreak across the United States and the community we serve. The health and safety of our patients and staff is our top priority and we care deeply about your well-being. We want to keep you informed of the precautions Pearl Rehabilitation is currently taking. We are continuously monitoring the Center for Disease Control (CDC) and Department of Health for updates on recommendations. Please see below for the steps we are asking from all clients and staff to take to minimize risk of transmission and maximize your health so that we can continue to provide uninterrupted services.

WHAT WE ARE DOING:

All Pearl Rehabilitation staff members are consistently following protocols for hand hygiene as well as sanitizing any equipment needed with EPA approved disinfectants BEFORE and AFTER appointments. All staff will perform daily health screen and temperature screens. All staff will be wearing mask and gloves. We have instructed all staff members to stay home if they are sick or if they are caring for a family member/house member who is currently ill.

WHAT WE ARE ASKING OF YOU:

Upon therapist arrival, you will be called to inform you of arrival. We ask that at this time you and any other members within the house who will be within the treatment area please wash hands thoroughly and put on a face mask to properly protect themselves and therapist. Each visit your temperature will be taken and you will be given a brief health screening questionnaire. We ask that you are mindful of how you are using your mask; making sure that it covers your mouth and nose at all times, avoiding touching your

mask (if you must adjust your mask it is safest to wash your hands prior to adjusting and then again afterward).

Call to reschedule your appointment if you are experiencing ANY of the following:

- ANY signs of illness (Cough, Shortness of breath, Fever-temperature of 100 or higher, Chills, Sneezing, loss of taste or smell, or any other Flu-like symptoms)
- If you have traveled recently and believe you have been in a higher risk region or used a higher risk mode of travel
- If you believe that you have been exposed to COVID-19

A NOTE FOR HIGHER RISK PATIENTS:

We want to be sure to safeguard any vulnerable populations at this time. Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Despite all of the safety guidelines we are following and implementing, it is important that all patients understand their inherent risk of having therapy at this time. We ask that you please sign below demonstrating that you understand your risk, but that you feel it is necessary to receive your treatment at this time. By signing below you acknowledge that some outside equipment needed for your treatment may be brought into your home.

Please do not hesitate to contact us at any time. Thank you for your understanding as we all work together to continue to keep our community safe and healthy.

Patient Name: _____

Patient Signature: _____

Date: _____