



COVID-19 SCREENING

Legendary Performance and Physical Therapy is committed to maintaining the health and safety of its staff, rehabilitation patients/clients, and its members. COVID-19 poses a potential threat to our community and the transmission of COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone entering the building to ensure the safety and health of all guests/patients/clients/members/staff at our facility.

Please complete the following information:

Name: _____

Date of birth: _____

Primary phone contact: _____

Please select one of the following:

_____ I am a patient/client attending physical therapy treatments.

_____ I am a guest, not attending physical therapy.

All guests and patients/clients, please take a moment to answer the following questions to the best of your knowledge:

1) In the past month, have you had any of the following symptoms:

_____ Cough

_____ Headache

_____ Shortness of Breath

_____ Sore Throat

_____ Fever

_____ Sudden Loss of Taste or Smell

_____ Chills

_____ None of the above

If you have checked or answered 'Yes' to any of the above symptoms, please write the date you first notices the symptom(s)

Date of onset: _____



COVID-19 SCREENING

- 2) In the past month, have you traveled outside the U.S.? Yes No
- 3) In the past month, have you had close contact with someone who has had a confirmed, or probable COVID-19 case? Yes No
- 4) In the past month, have you had close contact with a person with acute respiratory illness who has been outside the U.S.? Yes No
- 5) In the past month, have you traveled to/or from U.S. regions with high infection rates of COVID-19 (New York City, New Orleans, etc.) Yes No

The Florida *State Surgeon General* and Florida *State Health Officer* have issued a public health advisory to all persons over 65 years of age, senior citizens, and all individuals with a significant underlying medical condition that may place them at a high risk of severe illness from COVID-19. Consistent with CDC guidance, such conditions may include but are not limited to: chronic lung disease, moderate-to-severe asthma, serious hear conditions, immunocompromised status, cancer, diabetes, severe obesity, renal failure and/or liver disease. The Surgeon General's advisory strongly encourages these individuals to stay at home and to take such other measures as necessary to limit their risk of exposure to COVID-19.

I, (PRINT NAME OF PATIENT/GUARDIAN OF PATIENT/CAREGIVER)

_____ have read in full, and fully understand the above Florida State Surgeon General's public health advisory. I further understand that elevating to initiate/continue healthcare services requiring transportation within/throughout the community may increase the risk of infection/transmission of COVID-19 to myself and others.

Having read and understood the above public health advisory, I voluntarily elect to receive initial/continued healthcare services at Legendary Performance and Physical Therapy LLC.'s Pensacola facility.

Signature (Patient or Parent/Guardian/Caregiver of Patient)

Date: