



Name: _____ Date: _____

Due to the COVID -19 epidemic, I've been asked to complete this form prior to your visit to verbally confirm that there have been no changes in your health since your last visit.

Please be aware that all guests or family will be asked to wait in their car or outside of the clinic during your treatment.

Social distancing will be strictly adhered to from other patients while being treated.

You will be required to wash your hands both before and after your treatment session.

Your temperature will be taken upon entering the clinic for your appointment.

Temperature Reading _____ (97-100.3°) Oxygen Level _____ (92-100%). If normal, patient will complete the following questions.

1. Do you or anyone in your household have symptoms of Coronavirus including fever, cough, sore throat, shortness of breath, loss of smell or taste, nausea, diarrhea, congestion? Yes No

2. Have you or anyone in your household traveled outside of the US/or Michigan in past 14 days? Yes No

If yes, please list the countries or states visited below.

Comment: _____

3. Have you or anyone in your household been in close contact with others who have symptoms, are being assessed or monitored for Coronavirus, or who have traveled in the last 14 days? Yes No

If yes, please list the countries or states that he/she has visited below.

Comment: _____

Did you or your guest practice social distancing and wear a mask? Yes No

Did you or your guest fly and/or drive to your destination? Flew Drove

If you/they flew was a mask worn as directed by the CDC? Yes No

4. Have you or anyone in your household been at a large gathering of 50 people or more in the last 14 days? Did you practice Social Distancing and wear a mask? Yes No

5. Have you had Coronavirus (COVID 19)? Yes/No If Yes, when _____ Have you been cleared to return to work? Yes/No Other? _____

If you have answered Yes to any of the above questions, and did not practice social distancing and wear a mask as directed by the CDC, a postponement of your in-person activities is strongly recommended. **We will be glad to schedule your PT appointments via Telehealth.**

Should symptoms become serious or debilitating please contact your physician and or an emergency provider. Any Macomb County Resident can make an appointment for FREE COVID testing at 586-463-3750, Location 380 North Rose, Mount Clemens, MI 48043 M-F No Prescription required.

Tech Name: _____