



Clinic: Grayslake, IL
Aquatic: Pleasant Prairie, WI/Grayslake, IL
Home/Dayschool
847-548-3458
www.therapeuticlinks.com

Therapeutic Links COVID-19 Face to Face Daily Assessment

Please answer yes or no:

1. Does any member of the household have a confirmed case of COVID-19 in the past 10 days?
YES _____ NO _____
2. Has any member of the household come into DIRECT contact with a confirmed case of COVID-19 in the last 10 days and has NOT abided by the mandatory quarantine time and/or confirmed negative test?
YES _____ NO _____
3. Has any member of the household shown signs of COVID-19, as outlined by the CDC, such as cough, shortness of breath, runny nose, sneezing, respiratory illness within the last 48 hours?
YES _____ NO _____
4. Has any member of the household had a fever of 100.4 or higher in the last 48 hours?
YES _____ (If yes, how long ago? _____) NO _____
5. Has any member of the household travelled internationally and/or domestically to a red location within the past 14 days WITHOUT a quarantine or confirmed negative test or not met any other recommendation as outlined by the state of IL/Chicago travel?
YES _____ (Location: _____) NO _____
6. Has any member of the household **NOT** abided by IL recommendation of wearing face coverings in public buildings and practicing social distancing by staying 6 feet away from others?
YES _____ NO _____
7. Has any members of the household **NOT** abided by current IL phase reopening policies and guidelines?
YES _____ NO _____

***If you have answered YES to any questions 1-7, then services MAY not be conducted per management. OT services will be reinstated per guidelines of the CDC and IL mandate. (Updated 3/25/2021)

Client's Name

DOB

I, the parent/guardian, of the above named client, confirm my answers are correct.

Signature

Date