



Clinic: Grayslake, IL
Gymnastics: Gurnee, IL
Aquatic: Pleasant Prairie, WI/Grayslake, IL
Home/Day School
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?
YES _____ NO _____
2. Has any member of the household come into contact with a confirmed case of COVID-19?
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 7 days?
YES _____ NO _____
4. Has any member of the household had a fever of 100.4 or higher?
YES _____ (If yes, how long ago? _____) NO _____
5. Has any member of the household travelled internationally within the past 14 days?
YES _____ (Location: _____) NO _____
6. Has any member of the household **NOT** abided by IL recommendation of wearing face coverings in public buildings, with a few exceptions, and outside if they're unable to practice 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, effective immediately. OT services will be reinstated per guidelines of the CDC and IL mandate.**

Client's Name

DOB

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

Signature

Date