



Please take a moment to answer the questions below before being seen for your appointment:

Please circle yes or no

1. Have you been out of the country in the past 30 days?
Yes No

2. Have you been in close contact with someone who has been out of the country in the past 30 days?
Yes No

3. Do you have a fever, dry cough or shortness of breath?
Yes No

4. Have you been exposed to someone with any of the above symptoms?
Yes No

If you answer yes to ANY of the above questions please speak to your physical therapist before treatment begins. Thank you.

Name:

Print

Signature

Date