

Travel/Illness History Questionnaire

If any of your answers have an * next to it, PLEASE LET US KNOW IMMEDIATELY!

1. In the past 14 days, have you: *YES NO
- a. traveled internationally or flown domestically?
 - b. traveled to any known COVID hot spots?
 - c. had close contact with a college student who was sent home due to a COVID outbreak?

If you responded yes above, have you self-isolated or quarantined for 14 days? YES *NO

2. Have you had close contact with anyone (family, close relationships, coworkers, etc.) who has travelled by air or to any of the COVID hot spots in the past 14 days? *YES NO
3. Have you been eating in restaurants indoors or working out at a fitness facility and/or do you have a child who is in a daycare facility? *YES NO
4. Have you experienced any of the following symptoms or have you or a family member been exposed to anyone who has had any these symptoms in the past 14 days?
****Fever, chills, generalized muscle aches/pains, cough, sore throat, shortness of breath, loss of smell or taste, new onset of unusual fatigue, headache that is unusual for you, diarrhea, nausea, abdominal pain, acute confusion, hives, redness in toes.** *YES NO
5. Have you or anyone in your household had any known exposure to the Corona Virus?
*YES NO
6. Are you currently taking any medications to suppress a fever? *YES NO
7. Do you, or does anyone in your household work in a hospital, urgent care or primary care physician's office, daycare or in a setting, such as a restaurant or fitness center, where customers typically do not wear masks? *YES NO
8. Are you wearing a mask when out in the public or socializing indoors, practicing social distancing, avoiding gatherings of groups of 10 or more, and attempting to maintain 6 feet of distance between yourself and other people?
YES *NO

I understand that it is my responsibility to immediately inform Progress Physical Therapy, LLC if I develop any of symptoms noted above, have had close contact with anyone else with these symptoms or diagnosed with Corona Virus, or if I have been advised to self-quarantine. I also understand that, if any of my answers have a * next to them, my appointment may need to be re-scheduled or virtual visits will be offered, when appropriate. I understand that Progress Physical Therapy, LLC has a strict policy that all who visit will wear a mask (no valve on mask) that covers their nose and mouth for the entire time visiting our office, even when social distanced from others. I will call 804-270-7754 and let Progress Physical Therapy, LLC know if I am unable to follow this policy before arriving at the clinic.**

Name (Print) _____ Signature _____ Date _____