Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be asked to complete this form at each visit or to verbally confirm that there have been no changes in your answers since the initial form completion. Employees will attest to absence of symptoms twice a day.

Please check the **Yes** or **No** boxes; do not check both boxes. Feel free to explain what a yes or no answer means in the Comment Section below the question.

1. Have you traveled outside this city or town in the past 30 days? Yes [ ]  No [ ]

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

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been in close contact with an individual who has traveled outside of

this city or town in the past 30 days? Yes [ ]  No [ ]

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

Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been in close contact, in the past 14 days, with an individual who has

had any of the first three symptoms or a combination of one of the first three and another symptom listed?

[ ]  Fever over 100.4° Yes [ ]  No [ ]

[ ]  Persistent cough Yes [ ]  No [ ]

[ ]  Shortness of breath Yes [ ]  No [ ]

[ ]  Fatigue Yes [ ]  No [ ]

[ ]  Anorexia Yes [ ]  No [ ]

[ ]  Sputum production Yes [ ]  No [ ]

[ ]  Myalgia Yes [ ]  No [ ]

If yes, have they been diagnosed and/or seen the doctor? Yes [ ]  No [ ]

1. Have you had any these symptoms, in the past 14 days or had any of the first three symptoms or a combination of one of the first three and another symptom listed?

[ ]  Fever over 100.4° Yes [ ]  No [ ]

[ ]  Persistent cough Yes [ ]  No [ ]

[ ]  Shortness of breath Yes [ ]  No [ ]

[ ]  Fatigue Yes [ ]  No [ ]

[ ]  Anorexia Yes [ ]  No [ ]

[ ]  Sputum production Yes [ ]  No [ ]

[ ]  Myalgia Yes [ ]  No [ ]

 If yes, how long have you had these symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, have you been diagnosed and/or seen the doctor? Yes [ ]  No [ ]

If you answered yes to any of the questions above, we will work with you to make accommodations for therapy to the best of our ability; if you are a provider we will enforce work restrictions as indicated by the CDC or your personal physician.

Please contact us at (949) 545-7007 if you have questions. Thank you for assisting us in our endeavors to minimize exposure to the Coronavirus 2019.