

## COVID Notifications

Every time you come for a visit to PT, we will ask you symptom screening questions at the door and take your temperature. Due to the nature of Physical Therapy, we will not have you sign a form each session. However, we ask that you agree to the following parameters and notify us of any changes to keep our staff and patients safe.

1. I have not been asked to self-isolate or quarantine by a doctor or a local public health official in the last 14 days.
2. I have not experienced any cold or flu-like symptoms in the last 14 days (fever over 100.4, cough, shortness of breath or other respiratory problem).
3. I have not had close contact with or cared for someone diagnosed with COVID-19 or someone exhibiting similar symptoms within the last 14 days.
4. I have not been tested for COVID-19. If you have in the last 14 days, why were you tested, what type of test did you have and what was the result? \_\_\_\_\_
5. I understand that I will need to wear a mask at all times over my mouth and nose throughout my session
6. I understand that close contact with people increases the risk of COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive Physical Therapy at Durant Physical Therapy.
7. I understand that my name and contact information may be shared with the State Health Department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure and only for appropriate follow-up by the health department.
8. I agree to notify the office with any cold/flu like symptoms to allow critical reasoning before I come to the office.
9. **TRAVEL:** I understand that if I travel I should quarantine for 14 days when I return. However, if I take a test, I must produce a copy of a negative PCR test to return to the facility before the end of the 14 days.
10. **POTENTIAL EXPOSURE:** If a member of my household tests positive for COVID19, I understand that I will need to quarantine until they have tested negative for COVID19 with a PCR test. If I am exposed to an individual, outside of my household, who tests positive for COVID19, I understand that I will not be able to return to PT until a PCR test is negative and that I can not take that test until 5 days after exposure.

I do hereby agree to the above COVID19 parameters and agree to notify the staff at DPT should any of the above change during the course of my care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_