

To protect everyone, including our patients and staff, we are asking all visitors to complete the following questionnaire.

Name: _____ Date: _____

1) In the past 14 days have you or anyone in your household traveled outside of the United States or outside of the state of California? YES / NO

2) In the past 14 days have you or anyone in your household traveled to Northern California (e.g. San Jose, San Francisco, Sacramento regions) or Southern California (e.g. Los Angeles, Orange, San Diego regions)? YES / NO

3) To the best of your knowledge have you in the past 14 days been in contact with anyone who has tested positive for novel coronavirus (COVID-19) or who is currently awaiting test results for the COVID-19 test? YES / NO

4) Have you in the past 14 days felt unwell or had any of the below symptoms? YES / NO

- Fever greater than 100°
- Shortness of breath
- Cough
- Digestive symptoms such as Diarrhea or Vomiting

5) Are you over 65, or have a chronic lung condition, heart disease, diabetes, or on an immune suppressive medication? YES* / NO

*(if YES you are at higher risk for serious illness from COVID-19 and should consider taking extra precautions to reduce the risk of getting sick with the disease including possibly delaying your physical therapy care if appropriate.)