

COVID-19 QUESTIONNAIRE

1. Do you currently have COVID-19 (Coronavirus), or have had it within the year 2020 or 2021?

Yes _____ No _____

a. If so, what day were you diagnosed? _____

2. Do you have any of the following:

a. Fever or chills? _____

b. Cough? _____

c. Shortness of breath? _____

d. New loss of smell or taste? _____

e. Sore throat? _____

3. Have you come in close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?

Yes _____ No _____

a. If you checked yes, have you been tested?

Yes _____ No _____

4. If you or someone you have been in contact with tested positive for the COVID-19 illness, we ask that you come in with a doctor's note stating that you have been tested negative and may continue your PT treatment.

5. Have you been fully vaccinated?

Yes _____

No _____

Effective April 1, 2021, you will not be required to quarantine when entering New York State. However, the following policies will remain in place:

1. If you test positive for Covid-19, you must quarantine for 10 days. You may return to PT with a negative test result and/or a clearance letter from the Department of Health.
2. If you came in contact with someone who tested positive for Covid-19 and you *do* live with them, you must quarantine for 10 days. You may return to PT with a negative test and/or a clearance letter from the Department of Health.
3. If you came in contact with someone who tested positive for Covid-19 and you *do not* live with them, you must retain a negative test result before returning to PT

Signature _____