

At McDonald Physical Therapy, the health and well-being of our patients and employees remain our utmost priority. In the light of global concerns pertaining to the COVID-19 Coronavirus, we are taking extra precautions to make sure our clinic is safe during this time.

If you answer yes to any of the following questions, we may ask you to reschedule your appointment. If at any point in your treatment you start experiencing at COVID symptoms, we ask that you call ahead to notify us, and we may ask you to reschedule your upcoming appointment(s) at that time.

Are you currently experiencing a new onset of any of the following COVID-19 symptoms?

Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dry cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No

To your knowledge, have you tested positive for or been in direct contact with anyone who has tested positive for COVID-19? Yes No
If yes, has it been within the last 14 days? Yes No

Please initial the following statements and sign.

____ I attest that I have answered these questions honestly and to the best of my ability.

____ I agree to notify McDonald Physical Therapy immediately if I start experiencing any COVID-19 related symptoms while I am a current patient.

____ I agree to contact McDonald Physical Therapy immediately if in the future I test positive, or am in contact with someone who tests positive, for COVID-19 Coronavirus.

____ Even with McDonald Physical Therapy's extra precautions, I understand the possible risk associated with entering the clinic.

Signature

Date

Printed name

We thank you for your cooperation! 😊