

Temperature: _____



Your family's health and well-being are of the utmost importance and we are taking measures to keep the clinic a safe environment for families and therapists. Therefore, anyone coming into the clinic will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Within the last 14 days, has anyone in your immediate family experienced a new cough that cannot be attributed to another health condition?

- Yes
- No

2. Within the last 14 days, has anyone in your immediate family experienced a new shortness of breath that cannot be attributed to another health condition?

- Yes
- No

3. Within the last 14 days, has anyone in your immediate family had a temperature at or above 100.4°?

- Yes
- No

4. Within the last 14 days, has anyone in your immediate family had close contact, without the use of PPE, with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes).

- Yes
- No

5. Within the last 14 days, has anyone in your immediate family tested positive for COVID-19?

- Yes
- No

6. In the past 14 days, has anyone in your immediate family been notified by their medical provider to remain home because of COVID-19?

- Yes
- No

Child's Name

Appointment Date

Guardian Signature

Date