

COVID-19 HEALTH QUESTIONNAIRE

NAME:

DATE:

HEALTH SCREEN

A new fever (100.4 or higher) or sense of having a fever?

YES NO

A new cough that you cannot attribute to another health condition?

YES NO

Lost your sense of smell or taste?

YES NO

New shortness of breath that you cannot attribute to another health condition?

YES NO

New muscle or joint pain/symptoms that you cannot attribute to another health condition or recent physical activity?

YES NO

Has anyone that you frequently come into contact with tested positive for COVID or shown symptoms?

YES NO

SIGNATURE:

WAIVER OF LIABILITY

Melissa Baldwin and Sarah Myers are taking preventive measures to reduce the spread of COVID-19; however, we cannot guarantee that you or anyone accompanying you will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and that such exposure and infection may result in personal injury, illness, and/or death. I hereby release covenant not to sue, discharge, and hold harmless the therapists of this facility from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Melissa Baldwin or Sarah Myers, whether a COVID-19 infection occurs before, during, or after participation in any facility interaction.