



Exercise Sport Physical Therapy

Exercise Sport Physical Therapy Coronavirus Disease 2021 Questionnaire

Name: _____ Date: _____

Have you traveled outside of the US in the past 30 days? Yes No

If yes, please list the countries you visited: _____

Have you traveled to any location(s) in the past two weeks, that require you to quarantine upon arrival in Kansas, as determined by most up to date COVID bulletin from the Kansas Department of Health and/or Johnson County Health Department?

Yes No If yes, please notify the front desk staff immediately.

Comment: _____

Have you been in close contact with an individual who has traveled outside the US in the last 30 days?

Yes No

If yes, please list off which countries: _____

In the past 30 days, have you been in close contact on a individual who had any of these symptoms? Fever over 104° Persistent cough Shortness of breath

If yes, have they been diagnosed and seen a doctor? Yes No

Comment: _____

Have you had any symptoms? Fever over 104° Persistent cough Shortness of breath

If yes, how long have you had these symptoms? _____

If yes, have you been diagnosed and seen a doctor? _____

Comment: _____

If you answered "Yes" to any of the questions above, we will be meeting with you. It is your responsibility to notify compliance immediately should any of your answers above change to "Yes" while you are attending therapy as a patient, a visitor or employee/staff at any of our clinics or facilities.

Please contact **ESPT Compliance** at **(913) 681 0606** if you have questions. Thank you for assisting our endeavors to minimize exposure to the Coronavirus.

I am declining to complete this questionnaire. (Sign here) _____