

# AT HOME HEALTH SCREENER FOR PATIENTS AND STAFF

Do your part to keep your Physical Therapist and other patients safe and healthy!



Patients and NPT Staff **ARE REQUIRED** to self-screen for COVID symptoms EVERY DAY before coming to our clinic.

ANSWER THE QUESTIONS BELOW FOR YOURSELF AND EVERYONE IN YOUR HOUSEHOLD. A **"YES" TO ANY QUESTION** MEANS YOU SHOULD CANCEL YOUR



Does anyone have fever, chills, or muscle pain?

Does anyone have a new or worsening cough?



Does anyone have difficulty breathing?

Has anyone experienced a new loss of taste or smell?



Does anyone have a sore throat, new onset of nasal congestion? or a runny nose?

Does anyone have vomiting, diarrhea, or nausea?



Does anyone have a new or severe headache or excessive fatigue?

Has anyone had close contact\* with someone who has tested positive for COVID?



Has there been a COVID outbreak at your work or school in the last 21 days?

*\*Close contact is defined by the CDC as closer than 6 feet for more than 15 minutes over 24-hour period to an individual.*



Please pay attention to symptoms if you have traveled to or from an area with a COVID 19 outbreak.