



Coronavirus Screening and Liability Release Form

Due to the COVID-19 outbreak we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfection practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

<ul style="list-style-type: none">● Fever of 100 degrees or more● Fatigue● Dry cough● Difficulty breathing	<ul style="list-style-type: none">● Chills● Muscle aches● New loss of taste or smell● New rash or skin lesion
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I, _____ agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city that has been considered a “hot spot” for COVID-19 infections within the last 14 days.
- I understand that Within Reach Mobile Physical Therapy is a business and cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.
- I understand that because this treatment involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Within Reach Mobile Physical Therapy from any claims related thereto. I hereby give my consent to receive treatment.

Signature _____ Date _____