

Phoenix Infinity
Covid-19 Prescreening and Agreement to Minimize Exposure

Karen Durana, MT, PT
karen@phoenixinfinityllc.com

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, and sickness.

Circle your answer to the following:

1. Have you had any of the following symptoms in the last 14 days?
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever (please take your temperature at home before going to your appointment)
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Nausea, vomiting, or diarrhea

2. Have you been exposed to someone diagnosed with COVID-19 within the last 14 days? Yes or No

3. If "yes," since exposure, have you been tested for COVID-19? Yes or No

4. Have you been diagnosed with COVID-19? Yes or No

5. If "yes," have you been cleared of it since testing positive? Yes or No

6. If answered "yes" to any of the above: Have you discussed these symptoms with your physician? Yes or No

7. Have you had contact with any confirmed COVID-19 positive people? Yes or No

8. Have you traveled to any foreign country? Yes or No

9. Have you traveled domestically? Yes or No

In addition, please initial that you are in agreement with the following:

_____ You will wash your hands or use hand sanitizer when you enter the office

_____ You will wear a mask over your nose and mouth, securely fastened around the ears/head/neck, for the entire length of the session. If you are wearing a cloth mask, Karen will provide you with a disposable surgical mask to wear during the session

_____ You will have a temperature screening with a non-touch thermometer, and if you have a fever of greater than 100.4 degrees, your session will be rescheduled

Phoenix Infinity
Covid-19 Prescreening and Agreement to Minimize Exposure

Karen Durana, MT, PT
karen@phoenixinfinityllc.com

_____ You will have your oxygen saturation screening with a finger pulsox monitor, and if your reading is less than 90 O₂ saturation, your session will be rescheduled

_____ You will maintain a safe distance when at all possible, understanding that 6 feet will not be possible with massage therapy/physical therapy

_____ You will take responsible steps between appointments to minimize your exposure

_____ If you have a job that exposes you to those who are infected, you will let me know.

If you show up for your appointment and you are showing symptoms, you will be asked to reschedule.

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading the virus within the office. Please let me know if you have questions about these efforts.

I will wear a mask, safety glasses, and gloves during our appointment. Masks will be provided if needed. Appointments will be staggered to ensure limited exposure to others. I will sanitize the office between each patient.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details of the reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

Your signature below shows that you agree to these terms and conditions.

Print your name: _____

Signature: _____
Patient/Client

Date

Karen Durana, MT, PT

Date