



Coronavirus (COVID-19) Questionnaire

1. Have you or any member of your household conducted ANY international travel, travel within the US, whether for business or personal purposes since February 12, 2020? YES ___ NO ___

If YES, to what country/countries/state _____; Return date: _____

2. Do you feel you are at risk of exposure to Coronavirus (COVID-19) due to personal interactions with someone who has tested positive by you or a member of your household within the past 7 days? YES ___ NO ___

Do you have any of these symptoms?

acute respiratory illness YES ___ NO ___

fever (100 degrees or higher) for 24 hrs or longer YES ___ NO ___

Shortness of breath YES ___ NO ___

other flu/cold-like symptoms YES ___ NO ___

Loss of taste or smell YES ___ NO ___

Cough, Sore throat, Body aches YES ___ NO ___

Nausea, Vomiting, Diarrhea YES ___ NO ___

pink eye or unexplained rash YES ___ NO ___

IF so, have you self-quarantined yourself for 14 days? YES ___ NO ___

3. Have you been instructed by your physician to undertake the following hygiene practices designed to inhibit the spread of the Corona virus: YES ___ NO ___

Example:

- Wash hands often with soap and water for at least 20 seconds. Using an alcohol-based hand sanitizer that contains at least 70% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Cover a cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Stay at home when sick and seek appropriate medical care.

WHAT TO EXPECT WHEN YOU ARRIVE

1. We ask that you please wear a mask to your session.
2. We ask that you please wait outside after ringing doorbell, your provider will greet you at the door and ask you to walk directly to her treatment room.
3. If you must use the restroom, we ask that you use hand sanitizer on your hands before leaving.
4. Before you leave for the restroom, your provider will prop the back door open for you. When you are finished in the restroom. We ask that you clean up after yourself. Please make sure you wash your hands and use sanitizer on your hands that it supplied in the rest room. Grab the door handle with a paper towel provided in the restroom.
5. When entering Bimmt again. Your provider will close the door behind you.
6. Please head straight to the treatment room assigned.
7. During the session: I will ask that you keep your face mask with you when on the table. I will not require you to wear the mask while prone (face down), as I will have a pillowcase hanging below the face cradle to lend some freedom in breathing. I do ask that when you are turned over to face upward, you place the mask back over your nose and mouth.
8. Once your session has ended, the provider will lead you out of the treatment room and out the front door.

CAUTION:

Individuals should not leave their homes if they are experiencing any symptoms or may have had an encounter with someone who has the coronavirus known as COVID-19 within the past 7days.

Name: _____ Signature: _____ Date: _____