



evolution physical therapy

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:

- Fever of 100 or chills degrees or more
- muscle aches
- fatigue
- new loss of taste or
- dry cough
- smell
- difficulty
- new rash or skin breathing lesion

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 30 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 30 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 Evolution 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 Complete Home Therapy from any claims related thereto. I hereby give my consent to receive treatment.

Signature _____

Full Name (Printed) _____

Date _____

Full Name Other Responsible Party (Printed) Signature

Date