CLIFTON PARK
PHYSICAL THERAPY
KRISTINE M. WANMER, P.T. & ASSOCIATES
4 Emma Lane · Suite 401 · Clifton Park, New York,12065 · Tel. (518) 383-2610 · Fax (518) 383-8188

Patient Name:_____

COVID-19 Prevention Program

Clifton Park Physical Therapy is committed to protecting the health of our employees, patients, and community. Therefore, please answer the simple questions below in support of our precautionary measures to protect against the spread of the coronavirus.

We recognize that it is also allergy season and symptoms for these illnesses can be similar to the coronavirus. We ask that anyone with symptoms seek medical attention and refrain from entering our site.

Thank you for your patience and support!

Yes/No Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100deg F?

Yes/No Have you or anyone in your household been tested for COVID-19?

Yes/No Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care or other health care facility in the past 30 days?

Yes/No Have you or anyone in your household traveled in the U.S in the past 21 days?

Yes/No Have you or anyone in your household traveled on a cruise ship in the last 21 days?

Yes/No Are you or anyone in your household a health care provider or emergency responder?

Yes/No Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?

Yes/No Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?

Yes/No To the best or your knowledge have you been in close proximity to any individual who tested positive for COVID-19?

With my signature I confirm the above information is accurate and truthful:

Last Name: (Print) _____

First Name: (Print) _____

Date: _____

Signature: _____