

**CHESTERTON PHYSICAL THERAPY**  
**Coronavirus Disease 2019 Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Circle Yes or No**

Feel free to explain what a yes or no answer means in the Comment Section below the question.

**1. Have you traveled outside of the US in the past 30 days? Yes No**

If yes, please list the countries you have visited below.

Comment: \_\_\_\_\_

**2. Have you been in close contact with an individual who has traveled outside of the US in the past 30 days? Yes No**

If yes, please list the countries he/she has visited below.

Comment: \_\_\_\_\_

**3. Have you been in close contact, in the past 30 days, with an individual who has had any these symptoms?**

Fever over 104° : Yes No

Persistent cough: Yes No

Shortness of breath: Yes No

If yes, have they been diagnosed and/or seen the doctor? Yes No

Comment: \_\_\_\_\_

**4. Have you had any of these symptoms?**

Fever over 104° : Yes No

Persistent cough: Yes No

Shortness of breath: Yes No

If yes, how long have you had these symptoms?

\_\_\_\_\_

If yes, have you been diagnosed and/or seen the doctor? Yes No

Comment: \_\_\_\_\_

If you answered yes to any of the questions above, we will work with you to make accommodations for therapy to the best of our ability.

Please contact Chandra Singh, Administrator, at 219-926-9779 if you have questions. Thank you for assisting us in our endeavors to minimize exposure to the Coronavirus 2019.