

ridgefield physical therapy

Health, Travel and Exposure Screening

all patients visiting Ridgefield Physical Therapy. Thank you for answering the questions below! To keep all our patients, visitors, and staff safe, Ridgefield Physical Therapy is collecting a health, travel and exposure information for

Print Name of Parent/Caregiver (if under 18 years old)	Print Patient Name	 None of the above 	 Loss of taste/smell 	o Chills	 Red Watery Eyes 	o Runny Nose	o Rash	o Cough	o Fever	 Shortness of breath 	any of the following symptoms?	 Are you feeling sick today with 	Health Screening:
ears old) Parent/Caregiver Signature	Patient Signature					o Not sure	o Other	o Measles	 2019 novel Coronavirus 	 Food Poisoning 	o Cold/Flu	2. Is someone you know sick?	Travel/Exposure Screening:
er Signature	ire					countries/ states & pates.	Countries (States 8. Dates:	o No	 Yes (to a known COVID hotspot) 	 Yes (outside the state of CT) 	internationally in the last month?	Have you traveled or transited	Travel/Exposure Screening: