

Merritt Physical Therapy & Rehabilitation

PO Box 1078 Grundy, VA 24614

(276) 935-6496

COVID-19 Questionnaire

1. *Have you recently traveled to an area that has been recognized for high cases of COVID or have you been out of the country in the last 30 days?*

YES or NO

2. *Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?*

YES or NO

3. *Do you have a fever (greater than 100.4°F or 38.0°C) or any of the following symptoms: cough, shortness of breath, sinus infection, loss of taste, loss of smell, nausea, or diarrhea?*

YES or NO

Patient Name: _____

Patient Signature: _____

Date: _____