

Patient Health Screening

Patient Name: _____

D.O.B. _____

Initial

1. No one in our household has a fever, cough, or has been diagnosed with Covid-19. _____

2. No one in our household has had a known exposure to anyone diagnosed with Covid -19 in the last 14 days. _____

3. No one in our household has:
 a. traveled outside of Ohio to current states on Ohio’s travel advisory list in the last 14 days. (*yellow states >15% positivity rate*) _____
 b.. been in contact with anyone who who has traveled to the above listed places in the last 14 days. _____

ASSUMPTION OF RISK: I am aware of all warnings and potential risks concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Rehab Dynamics, Inc’s services and enter Rehab Dynamics, Inc’s premises. These services are of such value to me [and/or to my children] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Rehab Dynamics, Inc’s services and premises in person rather than arranging for an alternative method of enjoying the same services virtually (e.g. videoconference). _____

WAIVER: I hereby forever release and waive my right to bring suit against Rehab Dynamics, Inc and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Rehab Dynamics, Inc.’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. _____

I understand and attest to all above statements

Signature: _____

Date: _____