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Please fill out and send to email 1 week prior.
Questions: 410-746-4887

Supplemental health questionnaire Infectious disease

If you have been exposed to a communicable disease, you may spread the disease to others in the practice. Therefore, prior to each appointment you will be asked to answer the following questions to reduce the chance of transmission.

Have you been outside of the city, state or country in the past 14 to 21 days?

___ Yes ___ No

If yes when and where ? _____

Have you, you child or others accompanying you to your visit or other recent acquaintances Tested positive for or been diagnosed as having COVID- 19, influenza, or any other communicable disease?

___ Yes ___ No

If yes when ? _____

Do you, your child, or others accompanying you or other recent acquaintances have:
A fever or have felt feverish in the last week? Today? (define fever 100.4) or anything higher than your normal.

___ Yes ___ No

A cough? ___ Yes ___ No

Shortness of breath and/ or trouble breathing? ___ Yes ___ No

Persistent pain, pressure, or Tightness in the chest? ___ Yes ___ No

I understand that if the answer to any of these question is yes, I will be asked to reschedule, or the appointment may be conducted online to reduce transmission risks.

Signature _____ Date _____

As with the transmission of any communicable disease like the cold or flu, you may be exposed to COVID-19, at any time or any place. Be assured I have always followed state and federal regulations and recommended universal personal protection and disinfection/sterilization protocols to limit transmission of all diseases in our office and continue to do so.

Despite the careful attention to sterilization, disinfection and use of personal barriers, there is still a chance that you could be exposed to an illness in the office, just as you may at other places you travel to. Social distancing has reduced the transmission, however, due to the nature of this therapy, it is not always possible to maintain a six-foot distance between the

therapist and the client/ patient. (precautions taken at Innovative Myo Therapy: Plexus glass divider, professional quality room air purifier with UV, UV sterilize for any tools and healthcare grade disinfection used to wipe anything coming in contact with anyone in the office. A face shield and mask will be worn when less than 6 ft away. We ask anyone that accompanies you in the office wear a mask. Please only one person with patient. We will ask you to wash your hands and use hand sanitizer upon arrival. Your temperature will be taken upon arrival.

Thank you,

Do you accept the risk and consent to therapy? _____ Yes _____ No

Signature of Patient or Parent: _____ Date _____

Child's name if applicable: _____