



# Grow & Tell, LLC

Speech-Language Pathology & Occupational Therapy Services

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## **COVID-19 SCREENING CHECKLIST FOR THERAPISTS AND VISITORS**

**HAVE YOU TRAVELED OUTSIDE OF THE COUNTRY TO ANY OF THE FOLLOWING IN THE LAST 14 DAYS?**

CHINA, IRAN, SOUTH KOREA, ITALY, JAPAN

**HAVE YOU TRAVELED WITHIN THE USA TO ANY OF THESE LOCATIONS IN THE LAST 14 DAYS?**

ALABAMA, ARIZONA, ARKANSAS, CALIFORNIA, FLORIDA, GEORGIA, IDAHO, LOUISIANA  
MISSISSIPPI, NEVADA, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, TEXAS,  
UTAH

**HAVE YOU HAD CONTACT WITH ANYONE WITH CONFIRMED COVID-19 IN THE LAST 14 DAYS?**

**HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE LAST 14 DAYS?**

- FEVER OVER 100
- DIFFICULTY BREATHING
- COUGH

**ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING?**

- FEVER OVER 100
- DIFFICULTY BREATHING
- COUGH
- SHORTNESS OF BREATH (not severe)
- CHILLS
- REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN
- HEADACHE
- SORE THROAT
- NEW LOSS OF TASTE OR SMELL

**DO YOU WORK IN A HEALTHCARE FACILITY WHERE COVID-19 HAS BEEN-OR-IS**

**CURRENTLY BEING TREATED?** If so, please communicate with your treating therapist (i.e., are you tested regularly, when is the last time you were tested?) Please keep us updated so we can use precautions to best prevent the spread of COVID-19 at our facility.

**DAILY TEMPERATURE CHECK:** \_\_\_\_\_

X

Person Screened

X

Witness