

STRUBENS VALLEY THERAPY CENTRE

3 Zuka str
STRUBENSVALLEY
1735

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Phone: (011) 475-1449

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Occupational therapy

Psychology

Speech therapy

COVID-19 SCREENING QUESTIONNAIRE for CLIENTS:

All appointments will be subject to completion of this questionnaire, digitally. Forms must be completed and returned at least 12 hours before your appointment time. The therapist has the right to postpone the appointment based on the risk assessment of the completed questionnaire. This document will be kept on file at the practice.

Name:		ID:	
Childs' Name		Cell:	
Questions:			Response
1. Have you or any of your close family members had any of the following symptoms in the past 48 hours? - Fever - Cough - Sore throat - Shortness of breath			YES / NO
2. Have you or any of your close family members knowingly come into contact with: a. A person that has tested positive for the COVID-19 virus in the past 14 days b. A person awaiting COVID-19 test results c. A facility that treat patients with COVID-19			a)YES/NO b) YES/NO c) YES/NO
3. Have you or any of your close family members recently travelled out of your municipal area?			YES/NO
4. Has any parent returned to work at their workplace?			YES/NO
5. Have any children in your family returned to school?			YES/NO

I agree that the above information is correct and true.

I understand that I enter the premises of Strubens Valley Therapy Centre at 3 Zuka str, Strubensvalley at my own risk.

Therapy has been deemed necessary by my therapist and I. I have been informed that every precaution from Strubens Valley Therapy Centre's side are taken to limit and prevent my exposure to Covid-19.

I will not hold Strubens Valley Therapy centre at 3 Zuka str Strubens Valley, Roodepoort liable in the event of unintentional exposure to Covid-19.

Signed _____ Date _____