



MIRACLE FARM

Speech Therapy

COVID-19 CLIENT HEALTH CHECKLIST

Please complete the following questionnaire the morning of your appointment. If your answer to ANY of the questions below is “YES”, you will need to notify your treating therapist as soon as possible and reschedule your appointment to a later date. Thank you for your cooperation!

COVID-19 SCREENING QUESTIONS

- Have you been in close contact with a confirmed case of COVID-19?**
- Have you had a fever or felt feverish in the last 72 hours?**
- Are you experiencing any respiratory symptoms including a runny nose, sore throat, cough or shortness of breath?**
- Are you experiencing any new muscle aches or chills?**
- Have you experienced any new change in your sense of taste or smell?**