



## MARISKA ODENDAAL PHYSIOTHERAPY

You are important to us and in order to limit the spread of COVID-19 we would appreciate it if you could disclose the following information. All information will be held in confidence.

<b>Name:</b>		<b>Surname:</b>	
<b>Contact Number</b>		<b>Contact Email:</b>	
<b>Physical Address</b>			

**I hereby declare the following:**

		Yes	No
1	Have you travelled in the last 21 days?		
If yes, where to?			
2	Have you been exposed to someone who has the COVID-19 virus?		
3	Have you experienced at least one of the following symptoms recently		
a	<b><i>Cough</i></b>		
b	<b><i>Sore throat</i></b>		
c	<b><i>Shortness of breath</i></b>		
d	<b><i>Fever or history of fever (subjective) over the past 21 days</i></b>		
4	Have you attended a health care facility where patients with COVID-19 infections are being treated or tested?		
If yes, where and why?			
5	Have you been hospitalised recently with severe pneumonia?		
6	Do you currently have flu like or any respiratory symptoms?		
If Yes, please elaborate:			

To help limit the spread of infection, the information that you have given will be evaluated and if you are seen as an at risk patient, we may request you to postpone your treatment.

**Please note the following which will apply to all appointments:**

- It is mandatory to wear a mask if you are entering our facility.
- We have a “no handshaking policy” in place at this point in order to mitigate the spread.
- We encourage you to make use of the hand sanitisers that we have made accessible.

**DECLARATION:** I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform *Mariska Odendaal Physiotherapy* should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

Your cooperation is appreciated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**MARISKA ODENDAAL**  
**PHYSIOTHERAPY**

**COVID-19 Declaration**

I, \_\_\_\_\_ (Full names of the patient) hereby declare that to my knowledge **that I do not have the COVID-19 virus.**

In the event of the patient **testing positive for the COVID-19 virus** within 2-4 weeks of being treated at Mariska Odendaal Physiotherapy, it is **mandatory to notify the staff immediately.**

Mariska Odendaal Physiotherapy is taking all necessary precautions to avoid the spread of the virus, and will not be held liable in any way if the patient is tested positive for COVID-19.

Patient Signature	Date of treatment	Temperature	Any Symptoms

Signed (Treating Physiotherapist) \_\_\_\_\_ Date: \_\_\_\_\_