



Covid-19 Screening Questions

1. In the past 14 days, have you experienced any of the following:
 - Cough
 - Shortness of Breath
 - Difficulty Breathing
 - Fever or temperature above 100 degrees

2. In the past 14 days, have you or anyone within your household traveled outside of Ohio?

3. In the past 14 days, have you been in close proximity to any individual who tested positive for COVID-19?

4. In the past 14 days, have you been asked to self-quarantine?

Body Dynamix Physical Therapy reserves the right to cancel and/or reschedule appointments due to Covid-19 exposure/symptom concerns.