

Certification of Lack of Exposure Form

In an effort to determine if there is a heightened risk of exposing clients or caregivers to COVID-19 and variants, we require that you complete this form. We value our relationship with you and will attempt to refer you to a Home Health Agency with the training and ability to help with communicable diseases should you need to continue care while you still test positive for COVID-19.

Name: _____

Date: _____

Location: _____

Equipoise Occupational Therapy affiliation:

Client Caregiver Office Staff Other: _____

1. Have you, a member or visitor to your household, or someone you are in close contact with (within 3 – 6 feet from over 10-15 minutes) experienced any of the following symptoms in the last 24-hours?

- a. Fever (100.0 or higher): YES NO
- b. Cough: YES NO
- c. Shortness of breath YES NO
- d. Muscle pain: YES NO
- e. Headache: YES NO
- f. Sore throat YES NO
- g. Chills: YES NO
- h. Repeated shaking w/ chills YES NO
- i. New loss of taste or smell YES NO
- j. Other: _____

2. Have you been vaccinated for novel coronavirus/COVID-19? YES NO

If yes, approximate date of vaccine and booster if applicable. _____

3. Have you, a member or visitor to your household been out of the country or in a High-Risk area (area with widespread, ongoing community transmission) in the past 14 days?

YES NO

4. Have you, a member or visitor to your household, or someone you are in close contact with been in close contact (within 3 – 6 feet from over 10-15 minutes) with a person diagnosed with COVID-19 in the past 14-days? YES NO

5. Have you, a member of your household, or any close contact been diagnosed with COVID-19, tested for COVID-19, or been told by a healthcare provider that you might have COVID-19?

YES NO

If you answered yes to any of the above questions, please contact your healthcare provider and keep Equipoise Occupational Therapy, PLLC abreast of the situation.

Name: _____ Date: _____

NOTE: Certification is an ongoing requirement. If there are any changes you must contact the office prior to any visit or shift. Should you or the client develop symptoms during a visit, you must call the office immediately as the visit will not be able to be completed.

NOTES (FOR OFFICE USE ONLY)