**Health Screening Questionnaire**

As concern over the potential spread and risks associated with COVID-19 continues to grow, Davis Counseling & Play Therapy Center, PLLC is instituting temporary recommendations and guidance from clients and parents/legal guardians in reducing the risk of exposure.

Please complete, sign, and date this screening questionnaire the day of your scheduled or your child’s scheduled in-office appointment. Your participation is essential and required to help us take precautionary measures to protect you and everyone in the office.

Printed Name (Client/Parent/Legal Guardian) Relationship to Client (if other than self)

Child Printed Name (for minor clients only)

Self-Declaration by Client or Parent/Legal Guardian of Minor Client

By answering the questions below, you (client or parent/legal guardian of minor client) self-declare the following:

*(If the answer is “yes” to any of the following questions, your appointment will be cancelled and re-scheduled appropriately.)*

|  |  |  |
| --- | --- | --- |
| 1. Have you (client or parent/legal guardian) or your household family members (including minor client) returned from international travel (outside of the United States) within the last 14 days? | Yes | No |
| 2. Have you (client or parent/legal guardian) or your household family members (including minor client) had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? | Yes | No |
| 3. Have you (client or parent/legal guardian) or your household family members (including minor client) experienced any cold or flu-like symptoms in the last 14 days (e.g., fever, cough, sore throat, respiratory illness, difficulty breathing)? | Yes | No |

Your signature attests to the Health Screening Questionnaire that you (client or parent/legal guardian of minor client) have completed the self-declared questionnaire as true and factual to the best of your knowledge:

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Client/Parent/Legal Guardian Signature(s) Date