



COVID-19 Policy Changes and Waiver

I agree to wash my hands or use hand sanitizer upon entering and leaving Physical Therapy U, Inc.

I agree to wear a face mask while in the clinic when requested.

I have not been in contact with anyone with Covid-19 or suspected Covid-19 in the past 14 days OR I have been vaccinated.

I have not been diagnosed with Covid-19 or suspected Covid-19 within the last 14 days.

I agree to have my temperature taken with a no-touch forehead monitor upon entering clinic if asked.

I understand that Physical Therapy U, Inc and its employees reserve the right to refuse treatment if there is any concern to patients or employees at any time for any reason.

I understand that at any point I can request transitioning from in-person visits to Telehealth visits.

I understand guests are not allowed to attend PT with me or wait in the waiting room unless medically necessary.

I understand that Physical Therapy U, Inc. is doing everything in its power to protect employees and patients from transmission or contraction of Covid-19 however there are many unknown factors with viruses and my 100% protection cannot be guaranteed by Physical Therapy U, Inc.

COVID-19 Travel Form

PTU recommends all patients and guests follow CDC travel guidelines. Please review local and CDC travel guidelines if you plan to travel while a patient/client at PTU. If you would like to arrange a telehealth visit during your quarantine phase we can easily accommodate that for you, please let the front desk know PRIOR to said visit.

Patient Signature: _____

Guardian Signature (if under 18): _____

Date: _____