

Pacific Rim Play Therapy LLC

PRE-SCREENING QUESTIONNAIRE

We appreciate your cooperation in completing this form.

Have you (or your child) traveled outside the U.S. in the past 30

days? If yes, where? _____

YES

NO

Have you (or your child) traveled to a U.S. City/State with reported cases of Coronavirus in the past 30 days?

If yes, where? _____

YES

NO

Have you (or your child) been in personal contact with a person infected with Coronavirus or who has traveled to an area with widespread and ongoing transmission of Coronavirus in the past 30 days?

YES

NO

IN THE LAST 48 HOURS:

Have you (or your child) had a fever (99.5°+)?

YES

NO

Have you experienced any:

Coughing?

YES

NO

Sore Throat?

YES

NO

Difficulty Breathing?

YES

NO

Muscle Aches?

YES

NO

Stomach Pain?

YES

NO

Print Name: _____ Your child/youth _____

Signature: _____ Date: _____

Thank you for keeping everyone safe! Mahalo.