

HARTZ Physical Therapy

COVID-19 Patient Informed Consent Form

I, _____, knowingly and willingly consent to have physical therapy services provided by HARTZ Physical Therapy during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and may still be contagious. It is impossible to determine who has the virus and who does not given the current limits in virus testing.

I recognize that HARTZ Physical Therapy is closely monitoring the COVID-19 situation and has put in place reasonable preventative measures aimed to reduce the spread of COVID-19.

I am aware that I am at a higher risk of complications should I contract the virus, if I fall into one of the following categories:

1. Individuals with a history of respiratory illness.
2. Individuals with immunosuppression via medication or other condition.
3. Individuals over the age of 65.

☐ I confirm that I am not presenting with any of the following COVID-19 symptoms (please check box):

- Fever/Chills
- Cough/Shortness of Breath
- Sore Throat
- Body Aches
- Diarrhea/Vomiting
- Loss of Taste or Smell

☐ I verify I have not tested positive for COVID-19 within the past 14 days nor have I been in close contact with an individual diagnosed with COVID-19 within the past 14 days. (please check box)

Patient Signature (Parent or Guardian must sign if patient is under 18)

Date

* This form should be signed at the patient's first visit each week and will stay in effect for the entire week. Should the patient discover that the attestations on this form are no longer valid, he or she should speak with their treatment team immediately.

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