



ORTHOPEDIC ASSOCIATES OF HARTFORD, PC
Enfield, Farmington, Glastonbury, Hartford, Manchester, Plainville, Rocky Hill
www.oahct.com

Our patients and staff's health and safety is of utmost importance to us. Wearing a face mask and social distancing is something we are requiring during your visit. We will not allow any children, companions, or family members to attend your appointment with you unless medically necessary

Patient Name: _____ **Date:** _____

Temperature: (If applicable) : _____ (Cannot be greater than 100.0 degrees F)

Do you have any of the following symptoms?

- New Cough*
- Shortness of Breath*
- Chills*
- Muscle Pain*
- Sore Throat*
- New loss of taste or smell*
- Generalized abdominal pain, nausea, diarrhea*

If YES, patient or visitor will be sent home and directed to access additional care through Primary Care Physician.

Connecticut has travel restrictions requiring 14 day quarantine of visitors or returning residents from States with a daily new average of 10 percent or higher COVID-19 positive test rates over a rolling 7 day period. These States currently are: Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Mississippi, North Carolina, Nevada, Oklahoma, South Carolina, Tennessee, Texas and Utah.

Other Restricted States: (tbd) _____

Have you traveled to any of these states? Yes No (If No- Patient is good to be treated)

If Yes, have you completed the 14 day self-quarantine? Yes No (If Yes, Patient is good to be treated)

OR have you been COVID-19 tested with a negative result prior to the end of 14 day self-quarantine? Yes No (If Yes, patient is good to be treated)

Pending or positive COVID-19 tests, symptomatic patients or patients that have not self-quarantine for 14 days from restricted States should be rescheduled

Patient signature: _____ **Date:** _____