



**Harleen Bawa, PT, DPT**  
154 Mineola Blvd, Mineola, NY 11501  
[www.ScoliosisHope.com](http://www.ScoliosisHope.com)

Phone: 516-667-4331 Fax: 516-209-3235 Email: [PT.harleen@gmail.com](mailto:PT.harleen@gmail.com)

---

**Questionnaire Regarding Novel Coronavirus (COVID19)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

1. Have you or any occupant of your household travelled from or through an international region that has a positive outbreak of the COVID19 virus not limited to such as China, Iran, Italy?

Yes                      No

2. Have you or any occupant of your household had close contact with, helped care for, or is currently under health monitoring/quarantine for suspected or diagnosed with Novel Coronavirus ?

Yes                      No

3. Do you or any member of your household have a fever (100.2 degrees or higher) or felt feverish/chills in the past week?

Yes                      No

4. Have you or any member of your household in the past week had a cough, shortness of breath or difficulty breathing?

Yes                      No

Signature: \_\_\_\_\_