

**KEY THERAPEUTICS, LLC**  
**Covid-19 Policy**

Dear valued patients,

Thank you for choosing Key Therapeutics , LLC for your physical therapy. Your safety is of utmost importance to me.

Please read and sign this form indicating whether or not you have been diagnosed with, or had signs/symptoms of Covid-19, or if you have been exposed to anyone exhibiting signs or symptoms of Covid-19 in the past 10 days.

**Have you or anyone you have been in contact with ( Please indicate Yes or No) :**

Had a fever in the past 2 weeks: \_\_\_\_\_ Any loss of smell or taste in the past 2 weeks: \_\_\_\_\_

Had a cough in the past 2 weeks: \_\_\_\_\_ Had body aches or chills in the past 2 weeks: \_\_\_\_\_

Seen a medical professional for any symptoms listed above in the past 3 weeks : \_\_\_\_\_

By signing this policy, I am attesting that the above information is true. **By signing, I also attest that I will immediately inform Karen Andrews, PT, MTC, CSCI personally of this change in status.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Key Therapeutics, LLC  
240-405-4424  
Karen@keypt.us