



ALL ABOUT
SPEECH & LANGUAGE

2020 Coronavirus Pandemic (COVID-19)

Client Screening Questionnaire

It is expected that if you come to your appointment at All About Speech & Language (AASL), you are agreeing that the answer to the following questions is “NO”. If you answer “YES”, we ask that you refrain from coming to your appointment for fourteen (14) days after the incident occurs.

1. Have you within the last fourteen (14) days traveled to a country where community-based spread of COVID-19 is occurring or to any geographic region in the United States with sustained community transmission of COVID-19?
2. Have you had direct contact within the last fourteen (14) days with a person confirmed of suspected to be positive with COVID-19?
3. In the last fourteen (14) days, have you been in close contact with anyone who has experienced any of the following cold or flu-like symptoms – fever, cough, shortness of breath, difficulty breathing, sore throat, body aches, lack of taste or smell, gastrointestinal upset, or fatigue?
4. Do you have, or have you experienced the following cold or flu-like symptoms – fever, cough, shortness of breath, difficulty breathing, sore throat, body aches, lack of taste or smell, gastrointestinal upset, or fatigue?
5. Have you tested positive for COVID-19 in the last fourteen (14) days? If so, we kindly request that you confidentially report this to the business owners: brieann@aaspeech.com or alicia@aaspeech.com. This will allow our Company to follow protocols related to contact tracing and ensure containment of the virus.

Client's Name: _____

Person completing the form (if other than client): _____

Signature of Parent/Guardian: _____ Date: _____

If you choose not to answer this questionnaire now and in the future, AASL will not provide you an option for in-office therapy in an attempt to comply with current CDC and OSHA concerns in containing COVID-19 and providing the safest possible environment for our employees and clients.

Phone: 813-616-4004; *Fax:* 813-330-7967
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