

COVID-19 SCREENING

Please read each of the following questions carefully. If you answer **Yes** to **ANY** of these questions, please contact us; we will reschedule your appointment to a later date.

In the past 48 hours, have you experienced any of the following symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

Are you currently waiting on the results of a COVID-19 test?

If you answered **NO** to **ALL** of the above questions, please come to your scheduled in-person appointment and bring all of your required materials with you.

If you answered **YES** to **ANY** of the above questions, please contact us and we will reschedule your appointment for a later date.