

COVID SCREENING QUESTIONS

- Are you experiencing any of the following symptoms?
 - Recent onset of coughing?
 - Shortness of breath?
 - Fever of 100 degrees or higher?

- Are you experiencing any two of the following symptoms?
 - Chills?
 - Repeated shaking with chills?
 - Muscle or body aches?
 - Headache?
 - Sore Throat?
 - New loss of taste or smell?
 - Congestion or runny nose?
 - Nausea or vomiting?
 - Diarrhea?

- Have you tested positive for COVID-19?

- Have you been exposed to anyone in the past 14 days (that includes the period 48 hours before the individual became symptomatic) who has tested positive for COVID-19?

- Have you been exposed to anyone in the past 14 days (that includes the period 48 hours before the individual became symptomatic) who has had the symptoms listed above?
 - Potential exposure means being a household contact or having contact within 6 feet of an individual with confirmed COVID-19 or COVID-19 symptoms.

FOR THE HEALTH & WELL BEING OF OTHERS, IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, PLEASE RESCHEDULE YOUR APPOINTMENT.

THANK YOU!