

COVID 19 SCREENING

PLEASE REVIEW PRIOR TO YOUR APPOINTMENT. SCREENING WILL BE PERFORMED VERBALLY DURING APPOINTMENT CONFIRMAION. TEMPERATURE WILL BE CHECKED WHEN YOU ARRIVE.

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD HAD ANY OF THE FOLLOWING IN THE PAST TWO WEEKS:

COUGH	Y	N
NEW ONSET SHORTNESS OF BREATH	Y	N
FEVER	Y	N
CHILLS	Y	N
MUSCLE ACHES	Y	N
HEADACHES	Y	N
SORE THROAT	Y	N
NEW ONSET LOSS OF TASTE	Y	N
NEW ONSET LOSS OF SMELL	Y	N

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN TESTED FOR COVID 19?

Y N

IF YES, WHEN: _____

THE RESULTS: _____