

Pre-Screening Covid-19 Questionnaire

Have you or anyone in your household had any of the following symptoms in the last 14 days:

- 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 a cumulative total of 15 minutes) with:

- Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
- Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
- Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
- To the best of your knowledge have you been near any individual who tested positive for COVID-19?

If you answered “yes” to any question, for the safety of our staff and clients, please reschedule your appointment after receiving a negative test result. Thank you.