



In a continuous effort to keep our staff, patients, and the overall community safe, please review the following questions prior to your appointment with us.

1. Do you or have you had, any flu-like symptoms in the last 14 days?
 - Cough
 - Shortness of Breath

 - Or any 2 of the following symptoms:
 - Fever
 - Chills
 - Repeated shaking
 - Fatigue
 - Muscle Aches
 - Nausea
 - Vomiting
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Malaise
 - Diarrhea

2. Are you awaiting results of a lab test for COVID-19?

3. Have you tested positive for COVID-19? When?

4. Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days?

5. Have you had close contact to an individual diagnosed with COVID-19 infection in the past 14 days?

If you have answered **YES** to any of the above questions, kindly contact our office. We may need you to reschedule your appointment.