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.