



Please review the following questions prior to entry of clinic. If you check yes to any of them, do not enter and notify the receptionist for further screening.

1. **Are you awaiting COVID 19 results or are you in quarantine?**
2. **Are you aware if you have been exposed to someone (close contact) who tested positive or is awaiting COVID 19 results?**
3. Do you have a **fever**?
4. Do you have any **shortness of breath**?
5. Do you have a new or worsening **dry cough**?
6. Have you lost your **sense of smell or taste**?
7. Do you have **nausea, vomiting, or diarrhea**?
8. Do you have a **runny nose**?
9. Do you have a **sore throat**?
10. Have you experienced **headaches, fatigue, or weakness**?
11. Do you have **sneezing, watery eyes, and/or sinus pain/pressure** that is **unusual and not related to seasonal allergies**?