



Corona-19 Virus Screening Questions

Name * _____

Date of Birth * _____

Select any that apply to you *

- I have a cough
- I have a fever
- I have difficulty breathing / short of breath
- I have been in contact with someone with a positive COVID-19 test
- I have traveled to a high-risk area within the last 30 days
- I have been ordered to self isolate
- None of the above

Please follow these instructions:

- ▶ Maintain a 6 feet distance between you and everyone else whenever possible.
- ▶ Text us on your arrival outside the building. We may ask you to wait outside or in your vehicle until your room is ready.
- ▶ Please WEAR A MASK.
- ▶ When you come into our office, disinfect your hands with our sanitizer and wipe down your phone, tablet, etc. with one of our wipes.
- ▶ Please do not bring children, family members and/or friends with you (where possible) as the less people in contact with everyone the better.

