Due to the COVID-19 pandemic to reduce the potential risk of exposure to our patients and staff, please let us know if the answer is **YES** to any of the below questions:

1. Do you have symptoms of:
   - 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

2. In the past 14 days, have you traveled internationally?

3. In the past 14 days have you been in close contact with a person confirmed to have the COVID-19 coronavirus?

4. Are you currently waiting for COVID-19 test results for yourself?