



To maintain a safe environment and reduce the potential risk of COVID-19 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 been in close contact with a person confirmed to have COVID-19 and been asked to quarantine?