



## Screening Guidelines for Novel Coronavirus (COVID-19)

To protect our consumers and staff, we are asking all visitors, staff, clients and all present family members to complete the following questionnaire.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

1. Within the last 14 days, have you traveled to countries with sustained community transmission? For updated information on affected countries visit: <https://bit.ly/2W8vJUC>

YES

NO

2. In the last 14 days, have you had contact with someone who is under investigation for COVID-19?

YES

NO

3. Do you have any of the following symptoms: fever, cough, sore throat or shortness of breath?

YES

NO



If you answered YES to any of these questions, please reschedule your appointment, and feel better soon