

PLEASE COPY & PASTE RATHER THAN REQUEST ACCESS

COVID-19 PRE-SCREENING AGREEMENT

By attending my appointment...

I agree that I am not currently experiencing any of these symptoms:

- Cough
- Shortness of breath or difficulty breathing

I agree that I am not experiencing two or more of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

I agree that I have not:

- Tested positive for COVID-19
- Knowingly been exposed to someone with COVID-19
- Recently traveled to an area with a high infection rate
- Been in an area where social distancing was not properly observed
- Been to a nursing home

If you have experienced any of the above, please reschedule your appointment at least 14 days from now.