COVID-19 PRE SCREENING AGREEMENT

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

- cough
- shortness of breath

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

- 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.

Print name: _____ Date: _____

Sign: _____

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