

COVID-19: Screening Checklist

ALL individuals entering the building answer the following questions:

1. Have you washed your hands or used alcohol-based hand rub on entry?

Yes

No – please do so.

2. Do you have any of the following respiratory symptoms?

Fever

Chills

Sore throat

Cough

Runny Nose

New shortness of breath

New loss of taste or smell

3. Have you

been in close contact with anyone exhibiting the symptoms above?

If YES to any, please reschedule your appointment and exit the building. You may or may not have COVID-19, but the potential consequences to COVID-19 entering the building are serious. Please be aware that many people do not show any symptoms but are able to transmit the virus to others.

If NO to all, proceed to #4.

4. Patients and staff who pass the above screening may enter.

Please continue to wear a mask while in the building. Updated CDC Guidelines call for masks in healthcare settings regardless of vaccination status. Thank you for your cooperation.