

**PLEASE READ THIS PRIOR TO CHECKING IN AND LET FRONT STAFF
KNOW ONCE DONE**

- 1.) In the last two weeks, have you or anyone in your household been diagnosed with COVID-19 or had any of the following symptoms:
 - New or worsening cough
 - Fever or feeling feverish
 - Severe fatigue/tiredness
 - Shortness of breath or difficulty breathing
 - Sore throat
 - Body and/or muscle aches
 - Nausea, vomiting, and/or diarrhea
 - Chills or shaking with chills
 - New loss of sense of taste/smell
- 2.) Are you currently providing care for anyone who has been diagnosed with COVID-19 or had any of the symptoms indicated in question 1?
- 3.) Are you a healthcare provider working with patients with COVID-19 or exposure to COVID-19?
- 4.) Are you or anyone in your household currently under voluntary or involuntary quarantine?
- 5.) Have you come in contact with or been told by a public health official you may have been exposed to COVID-19?

IF YES TO ANY OF THESE QUESTIONS, PLEASE LET STAFF KNOW IMMEDIATELY

Per Governor Lamont's order, you MUST be wearing a face covering to be seen in our clinic.

Please put some hand sanitizer on your hands prior to entering