



Visitor screening questions

YES NO

Do you currently have any symptoms of a respiratory infection, such as a fever, cough, shortness of breath or sore throat?

YES NO

Have you had contact with someone with a respiratory illness or confirmed case of COVID-19 (coronavirus)?

YES NO

Do you live in a community where the spread of COVID-19 is occurring?

YES NO

Have you traveled in the last 14 days?

If the answer to any of the above is yes, please do not come in our office or your clients home & instead call the office.