**Symptom Check list:**

Currently, or in the past 48 hours, do/have you experience/d:

* a fever of 100 degrees or more
* body aches, headache, flu-like or respiratory symptoms, sore throat, shortness of breath, loss in taste or smell

In the last 14 days have you:

* been in contact with someone with these symptoms or who tested positive for covid-19
* tested positive for covid-19
* traveled out of the country

If you answered no, please sign below. If you answered yes to any of these, please contact me to reschedule your appointment. You will not be charged for any cancellation due to these instances.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_