

COVID-19 SCREENING

Before coming to the office for a scheduled appointment, please let us know if you answer YES to any of the following questions:

- 1. Do you have any new allergy symptoms?**
- 2. Do you have any cold symptoms such as cough or fever?**
- 3. Are you experiencing shortness of breath or difficulty breathing?**
- 4. Have you experienced recent loss of taste or smell?**
- 5. Are you experiencing any gastrointestinal symptoms such as nausea, vomiting, or diarrhea?**
- 6. Have you received a positive COVID-19 test result in the past month or are you waiting for the results of a COVID-19 test?**
- 7. Have you had contact with a person with confirmed COVID-19 or a person under investigation for COVID-19 in the past 14 days?**
- 8. Have you traveled outside of PA within the past 10 days and are not fully* vaccinated?**

***In general, people are considered fully vaccinated:**

- Two (2) weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or**
- Two (2) weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine**