

MESSAGE ON WHITNEY  
COVID-19

By attending my appointment...I agree that I am not currently experiencing any of these symptoms:

Cough Shortness of breath or difficulty breathing

Fever Chills

Sore throat

New loss of taste or smell

Please note:

Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

I agree that I have not:  
Tested positive for COVID-19  
Knowingly been exposed to someone with COVID-19  
Recently traveled to an area with a high infection rate

Been in an area where social distancing was not properly observed

Been to a nursing home

If you have experienced any of the above, please reschedule your appointment at least 14 days from now.

Signature:

Date: