

The APTA, CDC, and other public health sources continue to share and update information regarding patient care, signs, symptoms, and the ongoing efforts to understand and control the spread of COVID-19. For the health and safety of our patients, please answer the following questions:

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Have you or anyone in your household been diagnosed with COVID-19, had a fever, cough, difficulty breathing, or flu-like symptoms in the last 2 weeks?	YES We may ask you to change your appointment to an E-visit	NO
Are you currently providing care for anyone who has been diagnosed with COVID-19, has a fever, cough, difficulty breathing, or flu like symptoms in the last 2 weeks?	YES We may ask you to change your appointment to an E-visit	NO
Are you or anyone in your household currently under voluntary isolation but have no symptoms?	YES If you have not been exposed to anyone with a Covid-19 diagnosis or symptoms you can still be seen in the clinic.	NO
Have you or anyone in your household been under <u>involuntary or mandated</u> isolation in the past 2 weeks? This is generally due to exposure or symptoms.	YES We may ask you to change your appointment to an E-visit	NO
Have you traveled internationally in the last 2 weeks?	YES We may ask you to change your appointment to an E-visit	NO
Has any member of your household traveled internationally in the last 2 weeks?	YES We may ask you to change your appointment to an E-visit	NO

- We will take the temperature of ALL people entering our clinic.
- Staff are required to check their temperature before coming to work as well as upon arrival and must screen themselves according to the above CDC recommended guidelines to be allowed to work.
- Atlantic Internal Medicine is using CDC recommended alcohol and bleach based disinfects to disinfect our equipment and office furniture.
- Staff have been trained to sanitize their hands before and after each patient contact, clean the Lobby area every 30 minutes and clean all equipment after each patient use. We ask that patients sanitize their hands before and after treatments also.
- Only patients and staff are permitted access to the practice.

Patient Name :	Temperature:	Staff Initials:
Patient Signature:		
Date :		