Temporary Additional Intake Information

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| Do you currently have a fever or symptoms of a respiratory infection, such as a cough or sore throat? | Yes | No |
| Have you traveled internationally within the last 14 days to restricted countries? *For updated information on restricted countries, visit https://www.cdc.gov/coronavirus/2019-ncov/travelers/* | Yes | No |
|  |  |  |
| Have you had any contact with someone with known or suspected COVID-19/Coronavirus OR with an immediate family member who has exhibited signs and symptoms of fever and/or respiratory infection such as a cough or sore throat? | Yes | No |

*If you answered yes to any of these questions, please return this form to our technician and they will have the doctor speak with you about our COVID-19 protocol.*