MOVING MOUNTAINS
Wellness and Therapy

Covid-19 Screening and Protocol

1. In the past 5 days, have you experienced any of the following symptoms that are not caused by a pre-existing condition? Yes No

   *If yes, please mark all that apply.

   - O Fever (100 or higher)
   - O Cough
   - O Fatigue
   - O Muscle or Body Aches
   - O Headache
   - O Difficulty Breathing
   - O Congestion or Runny Nose
   - O Loss of taste or smell
   - O Sore throat, difficulty swallowing
   - O Nausea, Vomiting, Diarrhea

2. In the past 5 days, have you been in close contact with somebody who has had these symptoms or who is positive for Covid-19? Yes No

3. Have you been diagnosed with Covid-19 in the past 5 days? Yes No

4. Are you awaiting results from a Covid-19 test? Yes No

If you have answered "yes" to any of these questions, we ask that you reschedule any appointments at our clinic until:

A. You have had 5 days without symptoms after possible or known exposure to Covid-19,

OR

B. You have been quarantined for a minimum of 5 days after being diagnosed with Covid-19 and have been symptom free for the past 3 days.

Thank you for helping to protect our patients and staff!
This allows us to remain open and able to serve you.