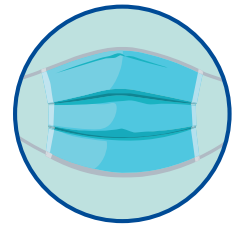




READ CAREFULLY



Before going to your appointment, please answer the following:



Do you have a new or worsening cough or shortness of breath?



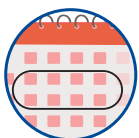
Do you have a fever?



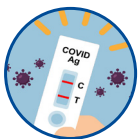
Are you experiencing vomiting and/or diarrhea?



Do you have COVID-19 or other respiratory virus symptoms (e.g., runny nose, sneezing, sore throat, etc.)



In the last 10 days, have you been told to stay home and self-isolate?



In the last 10 days, have you received a positive test result for COVID-19?

If the answer to any of these questions is YES



Please do not attend the clinic at this time and reschedule your appointment