

COVID-19

- a. Have you tested positive for COVID-19?
- b. Have you had contact with anyone testing positive for COVID-19?
- c. Are you running a fever or a temperature OF 100.4 OR ABOVE?
- d. Are you having any trouble breathing?
- e. Are you experiencing any of the following symptoms:
coughing, sneezing/runny nose, chills, headache, sore throat and/or
muscle/joint pain?
- e. Have you traveled outside the US in the past 30 days?
- f. Have you traveled outside of California in the past 30 days?
- g. If you been exposed or have had COVID-19, has it been less than
40 days since "recovery"?

YES to any question, you will be denied entrance to our facility. Re-schedule your appointment until you can confidently answer NO to each question.