## PLEASE READ BEFORE COMING TO YOUR APPT.

Do you have today, or in the last 5 days have you had:

Cough, Sore Throat \*\*

Congestion or Runny Nose \*\*

Headache \*\*

New Loss of Taste or Smell \*\*

Shortness of Breath/Difficulty Breathing
Nausea, Vomiting and/or Diarrhea

Abnormal Fatigue

Muscle Pain or Body Aches like the Flu

Fever, Chills, Shaking with Chills

- Do you have any pending Covid test results?
- Have you, or anyone in your household, been diagnosed with Covid in the last 2 weeks?
- <u>IF</u> you have answered <u>YES</u> to any of the above, please <u>call 802 879-5643 to let us know immediately as we will likely need to reschedule your appointment.
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- Have you been fully vaccinated?