

**Please review the following page prior to your visit to our office.**

**Upon presentation to Healthcare Complete, you acknowledge the risks associated with COVID19 and agree to assume these risks upon presentation to the office.**

It is important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

**Please inform us if you or anyone in your household has had any of the following symptoms in the last 14 days.**

**Do you have:**

- Fever at or greater than 100 degrees Fahrenheit?
- Sore throat?
- Cough?
- Chills?
- Body aches for unknown reasons?
- Shortness of breath for unknown reasons?
- Loss of smell, loss of taste?

**If you answered yes to any of these questions, please inform us and we may ask you to reschedule your appointment if symptoms warrant it.**

**Other reasons to consider rescheduling your appointment:**

- If you or anyone in your household has tested positive for COVID-19 within the past 14 days or are awaiting COVID-19 test results
- If you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19
- If you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19
- If you have been in close proximity to any individual who tested positive for COVID-19

**Please disclose to us any condition that compromises your immune system.**