

Obstetrics & Gynecology Associates

MASKS ARE REQUIRED TO BE WORN OVER THE NOSE AND MOUTH FOR THE DURATION OF YOUR VISIT TO OUR FACILITY

Obstetrics & Gynecology Associates takes the health and wellbeing of our community, patients, staff and providers seriously. By signing below, you are attesting to the accuracy of the medical information you provided to our staff during your health screening, you are not experiencing any of the symptoms below and you have not been exposed to or diagnosed with Covid 19 within the last 10 days.

MASKS ARE REQUIRED TO BE WORN DURING THE DURATION OF YOUR VISIT

- No Yes Do you have a cough
- No Yes Do you have a fever, body aches or chills
- No Yes Do you have a runny nose
- No Yes Do you have chest congestion
- No Yes Do you have nasal congestion
- No Yes Do you have a sore throat
- No Yes Do you have a headache
- No Yes Do you have diarrhea
- No Yes Are you having trouble breathing
- No Yes Do you have muscle pain or weakness
- No Yes Have you lost your sense of taste or smell?
- No Yes Do you have a Covid test pending
- No Yes Have you tested positive for Covid within the last 14 days
- No Yes Have you had close contact with a person who has been diagnosed with Covid
(continuous exposure of 15 minutes or multiple brief encounters totaling 15 +)

If you answered yes to **ANY** of the questions above kindly call our office prior to your appointment for additional screening by our staff. Your appointment will be rescheduled if you are experiencing any of the symptoms above when you arrive for your appointment.

Print Name: _____

Date of Birth: _____

Signature: _____