

# COVID-19 Pre-Visit Screening Survey

As essential healthcare workers, **McCartney Family Chiropractic & Wellness** has been able to continue to serve our community with necessary chiropractic care. As such, we must do everything possible to mitigate risk to our staff and other members of the community so it is vitally important that you complete this form accurately prior to each visit.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Have you been exposed to COVID-19 or do you believe that you have?  Yes  No

Please check any of the following symptoms you (or other members of your family that also have an appointment) are currently expressing:

- Shortness of breath
- Productive Cough
- Non-Productive Cough
- Bronchitis
- Respiratory infection
- Sore throat
- Fever
- Nausea
- Vomiting
- Diarrhea
- Severe fatigue (not related with travel)
- None of the above

Other: \_\_\_\_\_

Have you traveled to or from a high-risk geographic area in the past 14 days?  Yes  No

If you are visiting **McCartney Family Chiropractic** with other family members, please list their names and which symptoms listed above (if any) they are currently experiencing:

\_\_\_\_\_  
\_\_\_\_\_

By signing here, you are attesting that everything you stated above is truthful and accurate to the best of your knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date