

Liferoot Acupuncture

COVID-19 Screening Questionnaire and Checklist

- 1 Have you experienced any of the following symptoms during the past two weeks?
[check all that apply]
 - Fever greater than 100 degrees
 - New persistent cough
 - Difficulty breathing, or shortness of breath
 - Runny nose, sneezing, watery eyes, sinus pain, or pressure that is new
 - New or unusual headache
 - Sore throat
 - Loss of taste or smell
 - New or unusual digestive symptoms, vomiting, nausea, or diarrhea
 - Muscle or body aches
 - Rash on the skin, lesions (especially on the feet)
 - Change in vision or conjunctivitis

- 2 Has anyone in your household experienced any of the above symptoms in the past two weeks?
Yes or no

- 3 Has anyone in your household or work place been diagnosed with COVID-19?
Yes or No

- 4 Have you or anyone in your household been tested for COVID-19?
Yes or No If yes, what was the result? _____

- 5 Have you or any persons in your household traveled internationally in the last two weeks?
Yes or No

- 6 Have you or anyone in your household flown on a domestic flight in the last two weeks?
Yes or No

- 7 Have you been in any gatherings of 10 or more people in the last two weeks?
Yes or No

- 8 Have you been in contact with a known or suspect case of COVID-19 in the past two weeks?
Yes or No

If you have answered YES to any of these questions, provide a written explanation:

Signed:

Date:

Inform our office if you or a family member tests positive for COVID-19 within 14 days of your visit to Liferoot Acupuncture and Healing Arts.