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## COVID-19 Check List

**Note: The office will be sanitized and cleaned before and after session.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Temp: \_\_\_\_\_

Mask: Y  N

Have you experienced any of the following recently:

Fever: Y  N

Cough: Y  N

Running nose: Y  N

Been out of the country: Y  N

To ensure safety of all clients please adhere to the following:

- ♦ Do not utilize waiting area.
- ♦ Please remain in your car if someone is in office.
- ♦ Sessions must end on time and may be shortened.
- ♦ If you are bringing a minor for care please return for pick up in 30 minutes.
- ♦ Please cancel if you are sick or have been exposed to others who may be sick.
- ♦ All services will require a mask at all times.

Note: Online appointments are still available.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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