COVID-19 Acknowledgment and Patient Screening

	Printed patient name and date of appointment
	(staff initial)
syr	/ID-19 is a virus with a long incubation period during which carriers of the virus may not have ptoms and can still be contagious. As such, there are some risks associated with public activity ducted within enclosed close proximity.
	I attest that within the last 72 hours I have <u>not</u> experienced:
	• Fever
	• Shortness of breath
	Dry cough
	Sore throat
	Muscle aches
	Excessive fatigue
any	viduals experiencing any of the above symptoms within the last 72 hours are not permitted into Pauquette facilities until symptom-free for at least 72 hours without fever-controlling dications.
	I have not been in contact with someone who has tested positive for COVID-19 in the last 14 days.
	I have not travelled internationally within the last 14 days.
	Have you traveled outside of Wisconsin within the last 7 days?
	€ No
	€ Yes
	If yes, where did you travel?
	I am aware that the Pauquette Center offers telehealth for appointments as an alternative upon patient request and my signature below is my acknowledgment of the risks associated with
	in-person appointment.

Signature date