



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Client No:

SCREENING QUESTIONS: Note: Answers may require rescheduling your procedure or service. 1. In the past 2 weeks I have had COVID with a Positive Test and Recovered. No\_\_\_\_ Yes \_\_\_\_ 2. In the past 2 weeks I have had close contact someone with COVID. Unknown/No\_\_\_ Yes\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Dr. Christian and Staff may wear masks if answers are Yes

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**Revised 5/9/2023** 

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