

HELP STOP THE SPREAD

Mandatory Health Screening Questions

Do you, or any member of your family attending today, have a new cough that you cannot attribute to another health condition?

Do you, or any member of your family attending today, have a new shortness of breath that you cannot attribute to another health condition?

Have you, or any member in your family attending today, come in close contact (within 6 feet) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days?

Do you, or any member of your family attending today, have any of the following symptoms: fever (100.4 degrees Fahrenheit or greater), chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, or any symptom identified in our Sick Person Policy?

If you answered "YES" to any of the above questions, we will be happy to reschedule your visit for a future date.