

COVID-19 Pre-Visit Screening Survey

Body In Balance Wellness Center has enacted a prescreening check to mitigate risk to our staff and other members of the community. It is vitally important that you complete this form as accurately as possible prior to restarting care at our office.

I have not been exposed to COVID-19 or believe that I have not been exposed.

I have not been in contact with someone who was diagnosed with COVID-19.

I have not traveled to or from a high-risk geographic area in the past 14 days.

I, or any member of my household, have not had any of the following symptoms in the last 14 days?

- | | | |
|---|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Productive or Non-Productive Cough |
| <input type="checkbox"/> Respiratory infection | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Loss of Taste or Smell | <input type="checkbox"/> Severe fatigue | <input type="checkbox"/> Other COVID-19 Symptoms |

If at any time in the next 6 months, while under care at Body In Balance Wellness Center, I am able to answer yes to any of the previous questions, I agree to notify Body In Balance immediately at 303-215-0390.

By signing here, you are attesting that everything you stated above is truthful and accurate to the best of your knowledge.

Printed Name: _____

Signed: _____ Date: _____