



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

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

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

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

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

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

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

Revised 5/9/2023