

## COVID-19 Self Assessment

1. In the last 48 hours, have you had any of the following NEW symptoms? <ul style="list-style-type: none"><li>• Fever (100°F or above)</li><li>• Chills</li><li>• New or worsening cough</li><li>• Shortness of breath/difficulty breathing</li><li>• Sore throat</li><li>• Loss of smell or taste</li><li>• Vomiting or diarrhea</li><li>• Muscle aches/joint pain</li></ul>	<b>Yes</b>	<b>No</b>
1. Have you traveled in the last 14 days?	<b>Yes</b>	<b>No</b>
2. Have you have had close contact to anyone with confirmed COVID-19?	<b>Yes</b>	<b>No</b>
3. Have you had close contact with anyone exhibiting symptoms: fever, cough, shortness of breath/difficulty breathing, muscle/joint pain?	<b>Yes</b>	<b>No</b>

If **YES** to any of the above, please call our office at (410) 715-2212  
to reschedule your appointment.