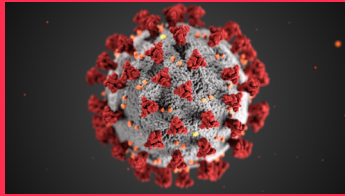


**POSITIVE TEST  
for COVID-19**

In the last 14 days has anyone in your household been diagnosed positive for COVID-19?

NO  YES



**If Yes:**

Sessions cancelled in-clinic for 14 days from onset of symptoms and the household must be 3 days symptom free without the use of fever-reducing or other symptom-altering medicines (i.e. cough suppressants).

**EXPOSED to a POSITIVE  
CASE of COVID-19**

In the last 14 days has anyone in your household been in close prolonged unprotected contact with anyone who has tested positive for COVID-19?

NO  YES

**If Yes:**

Sessions cancelled in-clinic for at least 7 days from the contact with the individual and no presence of symptoms in the household.



**SYMPTOMS  
of COVID-19**

In the past 7 days, has anyone in your household displayed any of the following symptoms not related to another health concern?



- \* **Fever >100.4**
- \* **New cough**
- \* **Sore throat**
- \* **Acute loss of sense of smell and/or taste**
- \* **Shortness of breath**

NO  YES

**If Yes:**

Sessions cancelled in-clinic for at least 7 days from onset of symptoms and be 3 days symptom free without the use of fever-reducing or other symptom-altering medicines (i.e. cough suppressants).

**TRAVELED OUTSIDE OF  
UNITED STATES**

In the past 14 days has anyone in your household traveled outside of the United States?

NO  YES

**If Yes:**

Sessions cancelled in-clinic for 14 days following the date of return of travel.

