

COVID-19 Screening Questionnaire

As stated by the Maryland Chiropractic Association, Maryland chiropractors are actively assisting patients who urgently need care for a number of health conditions including but not limited to neurological and musculoskeletal injuries and painful degenerative conditions. During this crisis, Maryland chiropractors will continue to provide citizens essential healthcare services to avoid needless suffering and unnecessary visits to urgent care facilities, overworked internal medicine or primary care offices, emergency room visits or a return to narcotic treatment.

We will continue to provide our services to all patients in need during this difficult time and are diligent in following the guidelines mandated by the state and the CDC/WHO. Please help us to stay compliant and to ensure the health and safety of yourself and everyone else by answering the following screening questions:

1. To the best of your knowledge, are you or anyone that you live with or that you're in close contact with experiencing any of the symptoms of COVID-19, which includes a fever, coughing, or difficulty breathing/shortness of breath? Symptoms may appear 2-14 days after exposure and illnesses have ranged from mild symptoms to severe illness and death. Closely monitor your health and please do not come in if you do start to feel these symptoms.

YES / NO

2. To the best of your knowledge, have you or anyone that you live with or that you're in close contact with recently travelled outside of the country? Depending on your travel history, you will be asked to stay home for a period of 14 days from the time you left an area with widespread or ongoing community spread.

YES / NO

Patient Name: _____

Signature: _____

Date: _____