

Did you have one or more of these complaints **in the past 24 hours**?



Coughing



Cold complaints



Raised temp. or fever



Shortness of breath



Loss of smell and/or taste



Do you currently have a roommate with a **fever and /or shortness of breath**?



Did a lab determined **in the past 7 days** that you have had COVID-19?



Do you have a **roommate** and / or **family member** with COVID-19 and have you been in contact with him/her **in the past 10 days**?



Are you in **isolation** because you have had **direct contact** with someone with COVID-19?

If you can answer one of the above questions with 'yes', please do not make an appointment or cancel your existing appointment.



Please wear a face mask when keeping 1,5m distance is not possible.

By providing the contact information, you consent to sharing the contact details with the GGD at their request for source and contact investigation.



Executive Health Management