**COVID-19 Screening:**

*For the safety of our staff and other patients, we ask that all patients answer these COVID-19 screening questions prior to each visit to Morgan Chiropractic Inc. If you have any questions regarding these screening questions or what Municipality and State mandates in place that may affect your visit, please call our office at (907) 646-2211.*

1. Have you or anyone in your household traveled outside of Alaska in the last 14 days? **Yes / No**

* If yes, have you been tested for Covid-19? **Yes / No** Test Results: **Positive / Negative**
* Are you still in the process of completing your State of Alaska required 5 days of strict social distancing? **Yes / No**

1. Have you experienced ANY of the following symptoms in the last 48 hours?
   * Fever or chills **Yes / No**
   * Cough **Yes / No**
   * Sore throat **Yes / No**
   * Shortness of breath **Yes / No**
   * New loss of taste or smell **Yes / No**
   * Nausea or vomiting **Yes / No**
2. Within the last 14 days, have you been in close contact (6 feet or closer for more than 15 minutes) with anyone who is known to have COVID-19 or who has symptoms consistent with COVID-19? **Yes / No**
3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? **Yes / No**
4. Are you currently waiting on COVID-19 test results? **Yes / No**

**If the patient answers yes to any of these questions, they will need to reschedule their appointment until symptoms are completely gone or a COVID-19 test shows that the patient is not infected.**