

ATTENTION

FOR THE SAFETY AND BENEFIT OF YOU, OUR TEAM AND WIDER COMMUNITY, PLEASE REVIEW BELOW COVID-19 SCREENING QUESTIONS BEFORE ENTERING.

1. Have you or anyone you live with been in contact with anyone who has, or has had a confirmed case of COVID-19 within the past 2 weeks?
2. Have you or anyone you live with been in contact with anyone required to isolate within the past 2 weeks?
3. Have you in the past 2 weeks had a cough, fever, sore throat, shortness of breath, fatigue, aches or pains, headaches, runny or stuffy nose?

IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS, PLEASE DO NOT ENTER THE CLINIC.

