

Julie Mayer Hunt, D.C., D.I.C.C.P., F.C.C.J.P.
Board Certified Orthospinology
Board Certified Chiropractic Pediatrics
Fellow Cranial Cervical Junction

Mayer

CHIROPRACTIC

Travis Mayer Hunt, D.C.

David W. Mayer, D.C.
Board Certified Orthospinology

For the safety of our patients, staff, and the community, we are asking each patient to fill this out, in order to minimize the risk of exposure to the COVID-19.

NAME _____ DATE _____

1. Have you traveled within the last 30 days to an area with known local spread of COVID-19?

Y OR N

If YES, please report where traveled? _____

How long ago did you return? _____

2. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?

Y OR N

3. Do you have a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

Y OR N

By signing this form, you are consenting to today's treatment in our facility and that the answers to the above questions are true to your knowledge.

Signature _____ Date _____

