

**Dr. Craig M. Leavitt**  
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- Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit? YES / NO
- Have you or anyone in your household been tested for COVID-19? YES / NO
- Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? YES / NO
- Have you or anyone in your household traveled in the U.S. in the past 21 days? YES / NO
- Have you or anyone in your household traveled on a cruise ship in the last 21 days? YES / NO
- Are you or anyone in your household a health care provider or emergency responder? YES / NO
- Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? YES / NO
- Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? YES / NO
- To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? YES / NO

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date