

**Dr Elizabeth McCorkle**  
**COVID-19 Screening Questions:**

Do you have any of the following?

- Scratchy or painful throat
- A cough (worse than usual if you have a baseline cough)
- A runny nose
- Symptoms of fever or chills
- A temperature greater than 100.4
- Muscle aches (worse than usual if you have baseline muscle aches)
- Nausea, vomiting, diarrhea
- Shortness of breath
- Unable to taste or smell
- Red or painful eyes

Are you ill, or caring for someone who is ill?

In the last two weeks have you:

- Had contact with someone diagnosed with COVID-19?
- Lived in or visited a place where COVID-19 is spreading?

If you answer "Yes" to any of these questions, you **MUST** reschedule your appointment

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