

For the health and safety of all patients and our team, please answer the set of health-related questions below. It is required that we complete this questionnaire prior to your appointment. We will have to reschedule your appointment if we are unable to complete this step.

為了我們診所團隊及所有顧客的健康與安全，請回答以下跟健康相關的問題。請您在預定約會之前完成此調查問卷。如果我們無法完成這個步驟，那您原定的約會將會被改動及重新安排。

1. Do you or have you had any flu-like symptoms in the last 14 days? 在過去的14天內，您是否有流感的症狀？例如

- Cough 咳嗽
- Shortness of Breath 呼吸急促
- Or at least two of these symptoms: 或至少有其中以下兩種症狀：
 - o Fever 發燒
 - o Chills 發冷
 - o Repeated shaking 發抖
 - o Fatigue 疲勞
 - o Muscle aches 肌肉酸痛
 - o Vomiting 嘔吐
 - o Headache 頭痛
 - o Sore throat 咽喉痛
 - o New loss of taste or smell 開始失去味覺或嗅覺
 - o Malaise 難以分別疲勞症狀的原因
 - o Nausea 噁心
 - o Diarrhea 腹瀉

2. Are you awaiting results of a lab test for COVID-19? 您是否在等待新冠肺炎病毒的檢測結果？

3. Have you tested positive for COVID-19? When? 您是否已被確診新冠肺炎？什麼時候？

4. Have you or a family member previously been asked to self-isolate or self-quarantine in the past 14 days? 在過去的14天內，您或家人是否被要求自我隔離？

5. Have you had close contact to an individual diagnosed with COVID-19 infection in the past 14 days? 在過去的14天內，您是否曾與確診新冠肺炎病毒的人士接觸？

6. Have you traveled in the past 14 days to a region with high rates of COVID-19 disease activity? 在過去的14天，您是否去過被例為新冠肺炎病毒高危的地區？

Thank you.