



COVID-19 SCREENING FORM

We are screening every patient to protect all clinic patients and staff. If you think you might have COVID-19 (the illness caused by the novel coronavirus) or that you might have been exposed in the past 2 weeks to someone who was sick, please contact us to reschedule your appointment or to book a telemedicine (online real-time video) appointment.

People with COVID-19 may be highly infectious for up to 5 days BEFORE they feel any symptoms: you may feel great now, but you might be getting everyone around you very sick. Therefore, it is very important to take any exposure seriously - for the safety of other patients and our staff. If you think you have been exposed to a sick person or if you think you might have COVID-19, we will need to change to an online appointment (it's easy and convenient, all from the comfort of your home or office) or move your appointment 14 days after the exposure.

Note: A face covering must be worn in the clinic at all times by adults and children over 2 years old. This is in accordance with recommendations by the CDC, Surgeon General, American Medical Association, and American Academy of Pediatrics. Cloth face coverings are safe and effective for adults and children over 2 years of age. This helps protect staff and other people in clinic.

Please complete the following COVID-19 screening form:

1. Have you been exposed to anyone with COVID-19 in the past 2 weeks? YES NO
2. Have you been exposed to anyone who was sick or ill in the past 2 weeks? YES NO
3. Have you had a positive COVID-19 test or have you been told to self-isolate? YES NO

Do you have any of these symptoms now (or have you had any of these symptoms in the past 2 weeks):

4. Fever or chills, feeling sick, muscle aches or body aches? YES NO
5. Nasal symptoms different than your typical allergies? YES NO
6. Loss of sense of smell or taste? YES NO
7. Sore Throat? YES NO
8. Nausea, vomiting, or diarrhea? YES NO
9. Headache? YES NO

10. Are you short of breath? Have you been short of breath at any time in the past 2 weeks? YES NO
11. Do you have a cough? Or have you had a cough at any time in the past 2 weeks? YES NO

I hereby attest that the above responses are true and accurate to the best of my knowledge.

Signature: _____

Printed Name: _____

Date of Birth: _____

Today's Date: _____