

DAY OF APPOINTMENT COVID-19 Screener

Patient Name _____ Date _____

1. Do you have symptoms of any respiratory illness in the past 14 days, such as?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- gastrointestinal symptoms like nausea, vomiting, or diarrhea.

_____ YES _____ NO

2. Have you had close contact with any person, including healthcare workers, who is a lab-confirmed patient with COVID-19 within the past 14 days of symptom onset?

_____ YES _____ NO

3. A Mask is required for your examination. Do you have a mask that you are willing to wear during your appointment?

_____ YES _____ NO

4. Temperature taken on site: _____

Someone will meet you at the door wearing a mask. She will take your temperature before you enter the building. If you have a fever of 100.4 or higher, we will have to reschedule your appointment by phone.