



COVID-19 (Coronavirus) Pre-Appointment Screening

1. Do you currently have these symptoms?
 - a. Fever – Yes or No
 - b. Cough – Yes or No
 - c. Shortness of breath – Yes or No
2. In the last 14 days, did you travel internationally or to the areas where COVID-19 (Coronavirus) is widespread, including cruise ship travel? Yes or No
3. In the last 14 days, did you come in contact with a suspected or laboratory-confirmed COVID-19 (Coronavirus) case? Yes or No

If you answered yes to any of these questions, please note that we will not schedule you for an inperson visit at this time. We are happy to set up a telemedicine visit to provide care and guidance to help you until we can see you at the office. As a reminder if this is a medical emergency, we encourage you to call 9-1-1 or go to the nearest ER.

I, _____, hereby attest that the answers to the questions on this
Print Name

_____ are accurate and true to the best of my knowledge.
Date

Signature

Patient's Date of Birth