Central Texas
Sports Medicine & Orthopaedics
A part of Brazos Valley Physicians Alliance

COVID-19 (Coronavirus) Pre-Appointment Screening

1. In the last 14 days, have you or someone you may have come in contact with tested positive for COVID-19? Yes or No

2. Do you currently have these symptoms?
   a. Fever (greater than 100.4°F) – Yes or No
   b. Cough – Yes or No
   c. Shortness of breath – 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
Patient's Name Printed

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

_____ _____
Signature Patient's Date of Birth

_____ _____
Signature of Visitor Visitor's Name Printed