



Patients name: _____

Date: _____

Coronavirus Disease 2019 (COVID-19) has been reported in every state and in countries around the world. COVID-19 can cause respiratory or gastrointestinal illness.

In order to protect you and others, we are asking about symptoms and exposure to COVID-19. Your health is our priority, please answer these questions so that we can direct you to the care that you need as quickly as possible.

Do you have a fever? No _____ Yes _____

Do you currently have a cough or shortness of breath? No _____ Yes _____

Is your cough or shortness of breath new or worse than normal? No _____ Yes _____

Are you experiencing any other NEW symptoms listed below which may be associated with COVID-19? Please select all that apply.

___ None of the below ___ Chills or shaking ___ Muscle aches and pains

___ new loss of taste or smell ___ Vomiting or diarrhea ___ Sore Throat

In the past 2 weeks, have you (or anyone in your household) traveled internationally or domestically?

No _____ Yes _____

In the past 2 weeks, have you (or someone in your household) been diagnosed, tested or quarantined under a doctor's orders for COVID-19? Please select ALL that apply:

___ None of the below ___ A doctor ordered me to ___ I was tested and am waiting

quarantine for possible
COVID-19

for my results

___ I tested positive

___ I tested negative

___ Someone at home has fever,
cough or difficulty breathing
but has not been diagnosed.

___ A doctor ordered someone in
My home to quarantine for
Possible COVID-19

___ Someone in my home tested
positive

___ Someone in my home tested
negative

When did you get tested? _____

Why did you get tested? Please select all that apply:

___ I had symptoms of possible
COVID-19

___ I had close contact with a
person known to be positive
for COVID-19

___ I was required to undergo
testing before a procedure
or surgery

___ I was required to undergo
testing before returning to my
workplace

___ I work in a healthcare facility
or am a first responder

___ I live in a nursing home or
assisted living facility

___ I was enlisted for public health
monitoring

In the past 2 weeks, have you been in close contact with someone who has been diagnosed, tested or quarantined under a doctor's order for COVID-19? No _____ Yes _____