



COVID-19 Screening Checklist

1. Have you had close proximity (more than 5 minutes) to someone who tested positive for COVID-19?
YES ____ NO ____
2. Anyone in your household, family, work associate, ect test positive for COVID-19? YES ____ NO ____
3. Do you work in a higher-risk occupation, such as healthcare worker, first responder, front line service worker, or grocery store/airline/airport/cruise ship worker? YES ____ NO ____
4. Any COVID-19 symptoms?
 - fever over 100 F YES ____ NO ____
 - chills or shaking YES ____ NO ____
 - cough or respiratory symptoms YES ____ NO ____
 - shortness of breath YES ____ NO ____
 - muscle aches/pain YES ____ NO ____
 - GI symptoms (nausea, vomiting, diarrhea) YES ____ NO ____
 - loss of appetite, taste, or smell YES ____ NO ____
 - conjunctivitis (eye discharge) YES ____ NO ____
 - extreme fatigue YES ____ NO ____
 - blue discoloration of toes or blistering on toes YES ____ NO ____

- When arriving for appointment MUST call before getting out of the car and coming into the office to see if you can come in yet (we will be seeing one patient in the office at a time)
- Cannot bring anyone in with you. If someone drove you then they need to wait in the car.
- You MUST come in with a face mask on.
- Your temperature will be checked upon entering the office. Anyone over 100° F will be referred to their primary care physician and your appointment will be rescheduled.
- Paperwork needs to be filled out ahead of time and brought to appointment along with ID, insurance cards (if needed) and payment for appointment (if needed).

Signature _____ Date _____