



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 ____

Have you completed your COVID vaccine series? YES ____ NO ____

- When arriving for appointment give us a call at 410-363-9000 to let us know you have arrived.
- We encourage you to come in alone. However, 1 family member may accompany you for pre op and post surgery visits.
- Face masks are required for non-vaccinated patients.
- 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 _____

DATE					
TEMPERATURE					