

Dr Patel's Office

COVID -19 SCREENER

Patient Name: _____

Patient DOB: _____

Date Of Service: _____

Travel/Contact:

Has the patient reported that he/she has:

been on a cruise ship in the last 14 days

traveled to a CDC high risk area within the last 14 days

had contact with a person who has travelled to a CDC high risk area
in the last 14 days

had contact with a person who has been diagnosed with COVID-19

Symptom Questions:

a fever

a recent onset of cough

difficulty breathing

other acute respiratory symptoms

If the patient says no to all of the above it is ok to proceed with the exam. If the patient says yes to any questions; the appointment needs to be rescheduled.

Employee name _____