

Allergy & Asthma Center  
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**Patient Advisory and Acknowledgement Receiving Medical Treatment  
During the COVID-19 Pandemic**

Dear Patient:

You have come to our office today for a routine medical evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

While our office complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff is symptom-free and, to the best of their knowledge, has not been exposed to the virus.

However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below.

For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

**HAVE YOU BEEN DIAGNOSED POSITIVE FOR THE COVID-19 VIRUS AT ANY TIME?  
YES / NO**

**ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST? YES / NO**

**HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19  
IN THE LAST 21 DAYS? YES / NO**

**DO YOU HAVE A FEVER? YES / NO**

**HAVE YOU VISITED OR RECEIVED TREATMENT IN A HOSPITAL, LONG-TERM CARE  
FACILITY, OR OTHER HEALTHCARE FACILITY IN THE PAST 30 DAYS? YES / NO**

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient / Guardian Signature**