

COVID-19 Patient Document

In order to maintain a safe environment for our patients and staff, we ask that you take a few minutes to reflect on these COVID-19 screening questions. Please inform the staff upon entry if the following statements do not reflect your current status.

Are you experiencing COVID-related **symptoms**: fever, cough, or respiratory distress?

- No
- Yes (When: \_\_\_\_\_ ; Describe symptoms, duration and hospitalization: \_\_\_\_\_)

Have you been in contact with person(s) that have tested positive for COVID?

- No
- Yes (When: \_\_\_\_\_ ; Describe symptoms, duration and hospitalization: \_\_\_\_\_)

Have you ever had COVID-19?

- No
- Yes (When: \_\_\_\_\_ ; Describe symptoms, duration and hospitalization: \_\_\_\_\_)

Have you ever or recently tested positive for COVID?

- No
- Yes (When: \_\_\_\_\_ ; Describe symptoms, duration and hospitalization: \_\_\_\_\_)

If you recently tested positive, please provide the date of your positive test \_\_\_\_\_. We will reschedule your appointment for 14 days after you tested positive. Please make sure to bring a negative test result with you to your visit.

I relieve WGH of any liability in case I test positive for COVID in the future.

Have you received the COVID-19 vaccine? \_\_\_\_\_. If yes, please list brand and date of vaccination:

-First dose and approximate date: \_\_\_\_\_

-Second dose and approximate date: \_\_\_\_\_

-Third dose and approximate date: \_\_\_\_\_

-Fourth dose and approximate date: \_\_\_\_\_

We require all patients to show proof of vaccination (full dosing regimen plus a booster shot), as a hard-copy or digital format (QRS by CDC or VDH). ***If you are not vaccinated, please be prepared to bring either:***

***A) Negative antigen test performed within 24 hours of your visit***

***B) Negative PCR test performed within 48-72 hours of your visit***

If you are not vaccinated or do not have a test, we offer limited testing in our office at an additional cost. Please ask the front desk for more information.

Sign and Print

Date

\_\_\_\_\_

\_\_\_\_\_