

Question	Yes/No	Details
Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started, when the symptoms stopped.)		
Have you or a member of your household been tested for COVID-19? (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.)		
Have you or a member of your household been advised to be tested for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the testing occurred, when any symptoms started and stopped and the current health status of the person who was advised.)		
Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the person quarantined, when any symptoms started and stopped and the current health status of the person who was advised.)		
Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.)		
Have you or a member of your household traveled outside the U.S. in the past 30 days? (If yes, obtain the city, country and dates.)		
Have you or a member of your household traveled elsewhere in the U.S. in the past 21 days? (If yes, obtain the city, state and dates.)		
Have you or a member of your household traveled on a cruise ship in the last 21 days? (If yes, determine the name of the ship, ports of call and dates.)		
Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furloughed firefighter.)		
Have you or a member of your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? (If yes, obtain the status of the person cared for, when the care occurred, what the care was.)		
Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)		
To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.)		

Precautions Prior to Visit:

Our offices are observing the following safety precautions to ensure that we can continue to provide care while minimizing the risk of exposure for our patients and staff:

1. When you arrive at any of our offices, you will be briefly screened to determine your exposure risk. All patients and visitors will be assessed for fever or new upper respiratory symptoms.
2. Anyone entering an office will be required to wear a mask covering their nose and mouth.
3. Once you are checked in, you may be asked to wait for your appointment in your car to minimize the number of patients in the waiting rooms.
4. Only individuals necessary for patient mobility or communication will be permitted to enter the office.
5. Once you enter the office, please remain at least 6 feet apart from other patients.

If you have questions or need to contact your physician, feel free to phone the office or send a message through our [patient portal](#).

If you believe you have been exposed to COVID-19, the CDC recommends you call your primary health care provider. **Do not come into the office.**

Most importantly, please protect yourself by taking the appropriate everyday precautions. The CDC recommends:

1. Washing your hands frequently with soap and water, especially after you've been in a public place, after blowing your nose, coughing, or sneezing.
 - a. **Avoid touching your eyes, nose, or mouth with unwashed hands.**
 - b. If soap and water is not readily available, use a hand sanitizer that contains at least 60% alcohol.
2. Avoid close contact with other people.
 - a. Remember that people without symptoms may still be able to spread the virus
3. Cover your nose and mouth with a cloth face cover when around others.
4. Clean and disinfect frequently-touched surfaces **daily**.
 - a. This includes tables, doorknobs, light switches, handles, desks, keyboards, phones, toilets, faucets, and sinks.

For additional information about COVID-19, please visit www.cdc.gov/coronavirus/2019-ncov.

Thank you in advance for your understanding and support.