COVID Questionnaire for Entering Clinic

(version +M7QH3e)

The following should be completed for anyone who enters the clinic: patients, family members, etc.

Have you had a fever in the past two weeks?	☐-Yes ☐-No
Have you had runny nose, cough, sore throat, or loss of sense of smell, which started or worsened in the past 2 weeks?	☐-Yes ☐-No
Have you tested positive for COVID-19 in the past two weeks?	☐-Yes ☐-No

If any answer above is "Yes", please arrange for an Internet video visit rather than coming in person to our clinic.

The following questions ask about your coming in contact with COVID-19.
To be "*in contact with*" means: to be less than 6 feet from someone for at least 15 minutes, or to be in the same household (sleeping at the same address).
If someone in your household is quarantined, answer "Yes" to whether you are in contact, but note that the person has been quarantined. Quarantined means isolated in the same place. If that person has been out of the household (e.g. shopping, jogging), then s/he is NOT quarantined.

Have you come in contact with someone who has Had a fever in the past two weeks? Had runny nose, cough, sore throat, or loss of sense of smell, which started or worsened in the past two weeks? Tested positive for COVID-19 in the past two weeks?	☐-Yes ☐-No most recent date: _____
In the past two weeks, have you been, at a public gathering where at least 10 people were unmasked? (E.g. airline flight, graduation ceremony, convention, or other gathering where at least 10 of the people there are unmasked, and you are less than 6 feet from other people, masked or not)	☐-Yes ☐-No most recent date: _____
If "Yes" to any question above, have you been tested either today, or 5 or more days after you came in contact? (If not, please test today before coming to our clinic.)	☐-Yes ☐-No

If "Yes" to any question above, please give us results of any COVID tests you have had within the past two weeks

Date of sampling	Type of test ("home antigen", "Lab PCR", etc.)	Result
		☐-Pos ☐-Neg
		☐-Pos ☐-Neg

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Name: _____ Date: _____
(please write legibly)

Clinic use only: Processed by _____ (name of office staff member)