



### FIRST POINT OF CONTACT SCREENING

1. Do you have any of the following symptoms? (please circle any you have)

Cough – fever – shortness of breath – fatigued

2. In the past 3 weeks, have you traveled either within the U.S. or internationally?

Yes      No

3. In the past 3 weeks, have you had close contact with someone who has traveled either within the U.S. or internationally?

Yes      No

4. Have you had a Covid test in the last 30 days and if so what were your results?

Positive      Negative

5. Have you been in contact with anyone in the last 30 days that have tested positive for Covid?

Yes      No

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Patient's signature and date