

Coronavirus (COVID-19) Exposure Questionnaire/to be reviewed on the day of service:

The purpose of this questionnaire is to screen for potentially contagious infectious diseases.

1. Have you traveled outside the U.S. in the past 14 days? Yes _____ No _____

If yes, where? _____

2. Has a close contact (household member) traveled outside the U.S. in the past 14 days?

Yes _____ No _____

If yes, where? _____

3. Have you had close contact with a person diagnosed with Coronavirus (COVID-19), under investigation for COVID-19, or ill with a respiratory illness? Yes _____ No _____

4. Do you have any flu-like symptoms including fever (temperature more than 100.3 F (38 C), chills, body aches, cough, shortness of breath, sore throat, vomiting or diarrhea? Yes _____ No _____