

PUBLIC HEALTH ALERT

Novel Coronavirus

To keep our patients and staff safe, we are conducting a basic screening.

Please answer the following questions:

Patient Name: _____ Date: _____

Have you tested positive for COVID-19? Yes No

If yes, when? _____

Do you have a fever? Yes No

Do you have a cough? Yes No

Do you have shortness of breath? Yes No

In the last month, have you been in contact with someone who has confirmed or suspected to have Coronavirus/COVID-19? Yes No

Please take the following precautions to help keep our patients safe:

Avoid unnecessary visits to our facilities if you are not feeling well.

Wash your hands when entering and leaving a room.