

COVID-19 Patient Screening Form

Patient Name	
Are you over 60 years of age?	
Do you have a preexisting condition such as lung disease, heart disease, diabetes, kidney disease or an autoimmune disorder?	
Are you experiencing shortness of breath or trouble breathing?	
Do you have a temperature of 100.4° F or higher?	
Are you experiencing a sore throat?	
Are you coughing?	
Are you experiencing repeated shaking with chills?	
Do you have muscle aches?	
Are you experiencing gastrointestinal changes?	
Have you noticed a loss of smell or taste?	
Have you had contact with a known or suspected COVID-19-positive person in past 14 days?	
In the last 14 days, have you traveled to an area that has a high incidence of COVID-19?	
<i>If yes to the question above, please specify:</i>	