**Due to the recent outbreak of COVID-19, please ASK patients these following questions:**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remind Pt :\*\* NO KIDS ARE TO COME IN WITH THEM \*\* ONLY PATIENT ALLOWED IN OFFICE AT THIS TIME\*\*\* ONLY EXCEPTION IS IF PATIENT CAN NOT WALK/TALK ALONE AND REQUIRES ASSISTANCE\*\*\*

**1**. Have you been outside of the country, state, on a cruise ship or plane in the last 30 days? **Yes or No**

If yes, where EXACTLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2**. Have you been around anyone that has been outside of the country, state, on a cruise ship or plane in the last 30 days? **Yes or No**

If yes, where EXACTLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3**. Have you been to Washington, New York or California specifically? **Yes or No**

If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4**. Have you had any flu like symptoms in the last 14 days? **Yes or No**

If yes, what symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5**. Have you been around anyone that has had any flu like symptoms in the last 14 days? **Yes or No**

If yes, what symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SPN USE ONLY | |
| Employee Signature: | Date: |