

Dr Nixdorf \_\_\_ Dr. Stabile \_X\_ Covid-19 Patient Screening

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Temperature \_\_\_\_\_ Washed Hands \_\_\_ Wearing Gloves \_\_\_ Wearing Mask \_\_\_

Do You have any of the following symptoms?

1. Fever and/or chills Yes \_\_\_ No \_\_\_
2. Cough (usually dry) Yes \_\_\_ No \_\_\_
3. Shortness of breath or difficulty breathing Yes \_\_\_ No \_\_\_
4. Tiredness (sometimes) Yes \_\_\_ No \_\_\_
5. Aches and pains (sometimes) Yes \_\_\_ No \_\_\_
6. Headaches (sometimes) Yes \_\_\_ No \_\_\_
7. Sore throat (sometimes) Yes \_\_\_ No \_\_\_
8. Upper respiratory symptoms, like runny nose and sinus congestion, are very uncommon in COVID-19. Yes \_\_\_ No \_\_\_
9. In the past two to three weeks have you been in contact with anyone that has tested positive for the COVID-19 Virus? Yes \_\_\_ No \_\_\_
10. Have you received the Covid Vaccine Yes \_\_\_ No \_\_\_
11. If this is your follow-up visit and you have answered these questions at your last visit then have any of your answer's changed since that visit?
12. Yes \_\_\_ No \_\_\_

I have read the above and certify that it is correct to the best of my knowledge. The doctor is compliant with the necessary, accepted, and recommended precautions as they relate to the Covid 19 guidelines. I agree that if at any time on future visits any of the answers to the above questions should change I will notify the doctor immediately.

I was instructed to wash my hands prior to and after my encounter. I am socially distanced from any other patient in the office during my visit. The doctor has hand sanitizer, antiseptic spray, is wearing a N 95 Face masks and Surgical gloves. The office was sanitized prior to my entering and as I am leaving. My temperature was taken, and I was asked the above questions. I indemnify the doctor for any health problems I may have prior to and after my visit to the office.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_