

2019 Novel Corona Virus Disease (COVID-19)

Screening Questionnaire

1. Have you recently travel to China, Iran, South Korea, Japan or any other geographic location where the Novel Coronavirus(COVID-19) has been transmitted, or have you had close contact with a patient who has or is suspected of having the Novel Coronavirus (COVID-19)?

Yes\_\_\_

No\_\_\_

1. Do you currently have, or have you experienced any of the following symptoms within the last fourteen (14) days - fever, cough, shortness of breath or difficulty breathing?

Yes\_\_\_

No\_\_\_

1. In the last 14 days, have been in close contact with anyone who has experienced any of the following symptoms- fever, cough, shortness of breath or difficulty breathing?

Yes\_\_\_

No\_\_\_

Person completing the form (if other than the patient) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient name (in print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_