Sample Patient Form for Covid-19 Screening

To All Our Patients,

This is a personal attestation form to help prevent the spread of illness and to protect other patients and our staff. Please read through the questions and additional information below, sign and return to the front desk (with your registration). Thank you.

1. Have you been screened for the Coronavirus in the last 10 days? Yes No
2. Have you been feverish within the last 14 days? Yes No
3. Have you had “flu like” symptoms including shortness of breath

within the last 14 days ? Yes No

1. Have you recently returned from areas deemed high risk for

Coronavirus spread with in the last 30 days, including international

Travel ? Yes No

Please comply with these recommendations in order to increase the safety of receiving care at ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Please refrain from personal contact and hand shaking.
* Please try to distance yourself from adjacent patients by 6 feet (patients are welcome to wait in their car if desired for us to call when their appointment is ready).
* If you have to sneeze or cough, please do so into your arm or a Kleenex.
* Please wash/decontaminate your hands frequently (you are invited to wash your hands upon entering the treatment room).
* Please avoid extra people in the waiting, treatment and recovery rooms (relatives, friends, etc.).
* If you have a cough or cold, please ask the front desk for a face mask.