Valley Urologic Associates

State of the Art with Compassion and Sensitivity

Temp _____

Coronavirus COVID-19 Screening Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and patients, we are conducting a simple screening questionnaire.

Your participation is important to help us take precautionary measures to protect you and everyone in the office - Thank you for your time.

Have you been tested for COVID-19?	Yes	No
Have you tested positive for COVID-19?	Yes	No
Have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?	Yes	No
Do you have any of the following: fever or chills, cough, shortness of breath or difficulty breathing, body aches, new loss of taste or smell?	Yes	No
Have you traveled outside of state in the last 14 days?	Yes	No

If you have answered YES to any of the questions above, please explain:

_____
_____
_____
_____
_____

Patient Name: _____ Date:_____