**COVID-19 (Novel Coronavirus) Pre-Screening Questionnaire**

*The only way to confirm if you have COVID-19 is to get tested with a kit, and those are*

*in short supply. However, we can work together to help minimize the risks of further*

*spreading COVID-19 (novel coronavirus). Please fill out this questionnaire to help us*

*understand how we can prepare to serve you.*

**Pre-Screening Questions:**

1. Have you been around someone who is known to have the Coronavirus

(COVID-19)?

❏ Yes ❏ No

2. Have you been told by a health official that you may have been exposed to the

virus?

❏ Yes ❏ No

3. Have you had a fever recently? Or do you think you have a fever?

❏ Yes ❏ No

4. Do you have a cough?

❏ Yes ❏ No

5. Do you have any of these?

● Fatigue

● Body aches

❏ Yes ❏ No

6. Are you feeling mild to moderate shortness of breath or mild to moderate

difficulty breathing?

❏ Yes ❏ No

● Loss of consciousness

● Slurred speech

❏ Yes ❏ No

***If you answered yes to any of the following questions, please call your Primary Care Provider or your State Department of Health for further direction. Your appointment will be rescheduled.***