

COVID-19 Screening Questions

(www.cdc.gov/screening/index.html)

Fair Oaks Women's Health, Pasadena Pellets, Marina's Oasis

1. Are you in isolation because you may have been exposed to a person with COVID-19 or is it possible that you may be sick with COVID-19?	YES	NO
2. Are you currently waiting on the results of a COVID-19 test?	YES	NO
3. Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with anyone who is known to have laboratory-confirmed COVID-19 or anyone who has any symptoms consistent with COVID-19?	YES	NO
4. Have you experienced any of the following symptoms today or within the past 48 hours?		
• fever, chills, sweats, or shivering	YES	NO
• cough or shortness of breath	YES	NO
• fatigue or weakness	YES	NO
• muscle or body aches	YES	NO
• headaches	YES	NO
• new loss of taste or smell	YES	NO
• sore throat	YES	NO
• nasal congestion or runny nose	YES	NO
• nausea, vomiting or diarrhea	YES	NO

Circle provider:

DR JICK DR FONG DR MITRI DR BUI DR PARK DR WOO

MANDY ULTRASOUND PRIMEX LAB MARINA'S OASIS

Name **XX** _____ Date _____

Signed **XX** _____ Temp _____