



COVID PRE-APPOINTMENT SCREENER

1. In the last 14 days, have you experienced a fever greater than 99.5 degrees Fahrenheit?

YES

NO

2. In the last 14 days, have you experienced a cough?

YES

NO

3. In the last 14 days, have you experienced shortness of breath?

YES

NO

4. In the last 14 days have you experienced diarrhea?

YES

NO

5. Have you been vaccinated against COVID-19?

YES

NO

6. Have you been exposed to a person with COVID-19 in the last 7 days?

YES

NO

7. Have you received an Influenza vaccine ("the flu shot") between 8/1/22 and 3/31/23?

YES

NO