

Covid-19 Questionnaire

Patient: _____

Temperature:

Date:

1. Have you returned from overseas or been in close contact with anyone who has traveled outside the state within the last 14 days?
Yes No
2. Have you traveled outside the state of Washington in the last 14 days?
Yes No
3. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
Yes No
4. If you have been diagnosed with Covid-19, has it been longer than three weeks?
Yes No
5. Have you experienced any cold or flu-like symptoms in the last 21 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)?
Yes No
6. Have you experienced recent loss of taste or smell?
Yes No
7. Do you live in a nursing home or long- term care facility?
Yes No
8. Are you over the age of 60? Do you have heart disease, lung disease, kidney disease, or diabetes?
Yes No

Patient Signature: _____