

COVID-19 Questionnaire

Name _____ DOB _____

Complete this questionnaire only if you have COLD SYMPTOMS AND FEVER >100.4

The intention of this questionnaire is to identify those people who are at risk of testing positive for Coronavirus or are at risk for having a more severe response to the virus.

You DO NOT have to fill out this form and can check in at the front desk if:

You DO NOT have cold symptoms

You HAVE NOT been exposed to someone who has tested positive for the Coronavirus

Please circle the answer to the the questions below

1. Are you 60 years of age or older? YES NO
2. Have you been diagnosed with diabetes? YES NO
3. Have you been diagnosed with heart disease (congestive heart failure, had stents placed or open heart surgery)? YES NO
4. Do you currently smoke? YES NO
5. Have you been diagnosed with lung disease? YES NO
6. Have you been diagnosed with chronic kidney disease? YES NO
7. Are you taking immune suppressive medication (chemotherapy or medications for auto-immune disease such as Humira, Prednisone, Embrel or Methotrexate)? YES NO
8. Do you live with or personally care for anyone who would answer "YES" to the above questions? YES NO
9. Have you come into contact with anyone that has tested positive for COVID-19? YES NO
10. Have you traveled back from China, Iran, South Korea, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City in the last 2 weeks? YES NO

If you have answered **YES** to any of the questions above, DO NOT walk into our clinic, but rather:

1. If M-F between 8am - 6 pm, please call our Russell office at 728-5841
2. If Sat-Sun between 9am-2pm, please call our Mullan location at 541-3046.

If you have answered **NO** to all of the questions above, you can come into our walk-in clinic and be evaluated for other causes of your symptoms, such as Influenza.

If you have been exposed to someone (i.e. work or home) who has tested positive for the Coronavirus, you will be contacted by the health department if they feel your exposure is significant. You will be placed on self quarantine for 14 days from the last point of contact with that person. You only require testing if you have symptoms.