

PATIENT

Travel and Exposure Screening and Risk Assessment Form

Name: _____ Date: _____

1. In the last 30 days, have you traveled outside of the USA?

No

Yes. I have traveled to: _____

2. In the last 30 days, have you been in close contact with someone who traveled outside of USA?

No

Yes. They traveled to: _____

3. Do you have a fever, cough, and/or shortness of breath?

No

Yes

4. Have you been in close contact with anyone with a laboratory confirmed case of the following:

CORONA No

MERS Unsure

SARS

If you answer YES to any of the above questions, we strongly advise you to follow up with your Primary Care Physician, Urgent Care, or Emergency Room for additional screening. Out of caution, and protection for our staff and other clients, access to our facility is prohibited.

If you choose to not complete this form, access to our facility is prohibited.