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COVID-19 SCREENING QUESTIONNAIRE

The safety of our patients and families is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the COVID-19 and reduce the potential risk of exposure, we are asking all patients to complete the questionnaire and have their temperature taken prior to their appointment. Answers will be reviewed to ensure COVID-19 procedures and policies are being followed. **Please respond to each of the following questions truthfully and to the best of your ability.** Your participation is important to help us take precautionary measures to protect your family and others. **We will review these questions with you when you arrive for your appointment. If you answer “yes” to any of the questions, we will reschedule your appointment or schedule a Telehealth appointment.**

Patient's Name:	
Patient's Date of Birth:	
Parent/Guardian's Name Completing Form:	

QUESTIONNAIRE	
1	<p><i>Please answer the questions for the individual receiving treatment.</i></p> <p>Is the individual currently experiencing, or have they experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.)</p> <p>Yes No Fever (100.4° F/37.8° C or greater)</p> <p>Yes No Cough</p> <p>Yes No Shortness of breath or difficulty breathing</p> <p>Yes No Sore throat</p> <p>Yes No Nasal congestion</p> <p>Yes No New loss of taste or smell</p> <p>Yes No Head or muscle aches</p> <p>Yes No Nausea or vomiting</p> <p>Yes No Diarrhea</p>
2	<p>In the past 14 days, has the individual or anyone in the household had close contact with anyone experiencing the above symptoms? Yes No</p>
3	<p>In the past 14 days, has the individual or anyone in the household been in close contact or cared for someone with COVID-19? Yes No</p>
4	<p>In the past 14 days, has the individual or anyone in the household been on a domestic or international commercial flight, traveled outside of New Mexico or the United States? Yes No</p>

I hereby certify that the responses provided above are true and accurate to the best of my knowledge:

Patient or Parent/Legal Guardian Signature

Date