MJM

COVID-19 Health Questionnaire

Patient Name_____

Please answer Y/N to the following questions.
Have you or someone in your household:

_____ Had a fever above 101 degrees?

_____ Had shortness of breath or difficulty breathing?

_____ Had a persistent cough or flu-like symptoms?

_____ Experienced a recent loss of taste or smell?

_____ Visited a nursing home or elder care facility?

_____ Have heart disease, lung disease, kidney disease or any autoimmune disorders?

Answering yes to any of these questions, may require further discussion with the doctor before proceeding with elective treatment. If we need to reschedule your appointment, you will be asked to present a medical clearance from your physician upon your return.

Thank you for your patience and cooperation.

Please sign and date

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