

**PVMC COVID-19 OFFICE APPOINTMENT PRESCREENING QUESTIONNAIRE**

**Patients Restricted at This Time:**

- Patients under 40 years of age
- Patients in group or assisted living homes

**Patients Restricted Answering 'YES' To Any of the following Questions:**

- YES NO** Have you visited more than 2 restaurants in the past week?
- YES NO** Do you work in a restaurant or on an airplane?
- YES NO** Have you traveled in the past 2 weeks?
- YES NO** Have you visited a casino in the past 2 weeks?
- YES NO** Have you visited a gym in the past 2 weeks with more than 1 person present?
- YES NO** Are you having fever, chest, or GI symptoms (excluding GI bleeding)?
- YES NO** Are you currently awaiting COVID test results (nasal swab/saliva)?
- YES NO** Is someone you live with awaiting COVID test results (nasal swab/saliva)?

**\*\*We offer TELEHEALTH VISITS WITH DR. LAKIN for those patients that are restricted from coming into the office at this time.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed