

'The secret in the care of the patient is in caring for the patient'

PVMC COVID-19 OFFICE APPOINTMENT PRESCREENING QUESTIONNAIRE

**EFFECTIVE 3/8/2021: IF YOU HAVE COMPLETED 2 COVID-19 VACCINATIONS OF PFIZER-BioNTech OR MODERNA OR 1 COVID-19 VACCINATION OF JOHNSON & JOHNSON AND ARE AT LEAST 2 WEEKS OUT, NO NEED TO COMPLETE THE BELOW QUESTIONS.

PLEASE CALL OUR OFFICE TO SCHEDULE AN APPOINTMENT.

| Name of Vaccine: | | | Date: | Date: | | |
|------------------|--|--|--|---------------------------|-----|--|
| Patie | ents] | Restricted Answering | g'YES' To Any of | the following Question | s: | |
| YES | NO | Have you visited more than 2 restaurants in the past week? | | | | |
| YES | NO | Do you work in a re | 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 | Have you visited a casino in the past 2 weeks? | | | |
| YES | TES 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 a | Are you currently awaiting COVID test results (nasal swab/saliva)? | | | |
| YES | S NO Is someone you live with awaiting COVID test results (nasal swab/saliva)? | | | | | |
| **W | | er TELEHEALTH VISITare restricted from co | | IN for those patients the | ıat | |
| Name | | | Date | of Birth | | |
| Signature | | | Date | Signed | | |