

17685 TOMBALL PARKWAY HOUSTON, TX 77064 PHN: 832-779-5433 FAX: 832-604-5433

3820 NORTH SHEPHERD DR. SUITE A. HOUSTON, TX 77018 PHN: 281-766-8911 FAX: 832-742-9896 Patient Label

SCREENING FOR COVID-19 QUESTIONAIRE

	QUESTIONS	YES	NO
1	o DO YOU HAVE A FEVER? *ABOVE 100.4 F (38 C)		
	o DO YOU HAVE A COUGH?		
	 HAVE YOU BEEN AROUND ANYONE WITH A COUGH, SHORTNESS OF BREATH, FEVER OR FLU-LIKE SYMPTOMS? 		
	 DO YOU HAVE OTHER HEALTH CONDITIONS? DIABETES, LUNG DISEASE, HEART DISEASE, PREGNANCY? 		
	PREGNANCY?		
2	HAVE YOU TRAVELED TO ANY INTERNATIONAL COUNTRIES? CHINA, JAPAN, SOUTH KOREA, ITALY, IRAN OR EUROPE?		_
3	 HAVE YOU BEEN AROUND ANYONE DIAGNOSED WITH COVID-19? 		
	 HAVE YOU BEEN AROUND ANYONE INVESTIGATED FOR COVID-19? 		
4	O HAVE YOU TRAVELED WITHIN THE U.S TO AN ENDEMIC AREA WITHIN THE LAST 2 WEEKS?		
	 HAVE YOU TRAVELED WITHIN THE U.S TO A NON- EDEMIC AREA WITHIN THE LAST 2 WEEKS? 		