COVID 19 SCREENING QUESTIONS

In order to reduce the risk of spreading COVID-19, we need to ask you a number of “screening” questions. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

1. Are you or a member of your family awaiting COVID-19 test results?  
   Y  N

2. Are you aware if you have been exposed to someone who tested positive?  
   Y  N

3. Do you have a fever?  
   Y  N

4. Do you have any shortness of breath?  
   Y  N

5. Do you have a new or worsening dry cough?  
   Y  N

6. Have you lost your sense of smell or taste?  
   Y  N

7. Do you have nausea, vomiting or diarrhea?  
   Y  N

8. Do you have a runny nose?  
   Y  N

9. Do you have a sore throat?  
   Y  N

10. Have you experienced headaches, fatigue or weakness?  
    Y  N

11. Do you have sneezing, watery eyes and or sinus pain/pressure that is unusual and not related to seasonal allergies?  
    Y  N

If you answer YES to any of the above questions please notify the Student Health Center prior to your appointment time. Thank you.