



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

1. It is mandatory that all patients read and sign our Memo regarding the COVID-19?
  - Read (YES): \_\_\_\_\_ Refuse to Read: \_\_\_\_\_
2. Have you traveled to any of these locations in the last 14 – 30 days?
  - China: YES \_\_\_\_\_ NO \_\_\_\_\_
  - Iran: YES \_\_\_\_\_ NO \_\_\_\_\_
  - South Korea: YES \_\_\_\_\_ NO \_\_\_\_\_
  - Italy: YES \_\_\_\_\_ NO \_\_\_\_\_
  - Japan: YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you had contact with anyone with confirmed COVID-19 in the last 14 – 30 days?
  - YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you had any of these symptoms in the last 14-30 days or are you currently experiencing?
  - Fever Greater than 100 degrees: YES \_\_\_\_\_ NO \_\_\_\_\_
  - Difficulty Breathing: YES \_\_\_\_\_ NO \_\_\_\_\_
  - Cough: YES \_\_\_\_\_ NO \_\_\_\_\_

**If you answered yes to question 1 and/or 2**, please call your primary care provider or your State/County Health Department for further direction.

- West Virginia State Health Department: (304) 558-0684
- Monongalia County Health Department: (304) 598-5100

If you answered YES to any Question 1-4, you may be declined treatment (if deemed non emergent) and request to follow CDC guidelines

Patient's name: \_\_\_\_\_ Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_