
Patient name

Date

I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is contagious and is believed to spread by person-to-person contact, and as a result, federal and state health agencies recommend social distancing. I understand that my doctor has put in place reasonable safety measures to help reduce the spread of COVID-19. I understand the potential risks and wish to proceed with my exam.

Patient COVID 19 Disclosure Form

1. Do you currently have a fever above 100.0, cough, difficulty breathing, shortness of breath, sore throat. YES / NO
2. Have you been diagnosed with COVID 19 in the past month. YES / NO
3. Are you currently being tested for COVID 19 YES / NO
If tested what was Result : Positive / Negative
4. Anyone at home sick, quarantined, or being tested for Covid 19 YES / NO.

Patient Signature

If you answered yes to any of the above we kindly ask you to reschedule.

Employee only

Temperature:

If 100.0 or above please kindly ask patient to reschedule.

Employee initial _____