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Patient Screening for COVID-19

	Yes	No
Have you traveled internationally within the last 14 days to countries with sustained community transmission?		
Do you have any of the following signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat?		
In the last 14 days, have you had contact with someone with or under investigation for COVID19, or are ill with respiratory illness?		
Do you live in a community where community-based spread of COVID-19 is occurring?		
To your knowledge, have you had contact with anyone who has traveled to countries with sustained-community transmission?		
Have you been on a cruise or in another setting with confined crowds in the last 14 days?		
Have you visited someone with confirmed COVID-19?		
In the last 14 days, have you had contact with someone who is under investigation for or has any confirmed diagnosis of Covid19, OR is ill with a respiratory illness?		

Patient Name: _____

Signature: _____

Date: _____