TEMAK TELEHEALTH
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COVID-19 Pre-Visit Screening

All questions below relate to you in the past 14 days

Did you travel outside of the country/state/region? * ☐ Yes ☐ No

If yes, enter the travel information (country, city, transits, mode(s) of transportation etc.) ______________________

Did you or Do you now have any of these symptoms?

Symptom		
Dry Cough *	☐ Yes ☐ Unknown	☐ No
Fever (99-102 degrees) *	☐ Yes ☐ Unknown	☐ No
If yes, Highest temperature recorded and the date	______________________	
Shortness of breath *	☐ Yes ☐ Unknown	☐ No
Sore throat	☐ Yes ☐ Unknown	☐ No
Runny nose	☐ Yes ☐ Unknown	☐ No
Headache	☐ Yes ☐ Unknown	☐ No
Joint pains *	☐ Yes ☐ Unknown	☐ No
Muscle Aches *	☐ Yes ☐ Unknown	☐ No
Fatigue *	☐ Yes ☐ Unknown	☐ No
Nausea *	☐ Yes ☐ Unknown	☐ No
Vomiting *	☐ Yes ☐ Unknown	☐ No
Diarrhea *	☐ Yes ☐ Unknown	☐ No
If yes, Onset date	______________________	
Other symptoms? *	☐ Yes ☐ Unknown	☐ No
If yes, specify the symptom	______________________	
Did you have contact with a known or possible COVID-19 case? *	☐ Yes ☐ Unknown	☐ No
If Yes, specify the details (person, date etc.)	______________________	

Supplements