

SA Counseling, PLLC  
2621 N. Main Ave.  
San Antonio, TX 78212

### COVID-19 Questionnaire

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Have you traveled outside the USA in the last 14 days? If so where?

Yes                      No

2. Have you traveled outside of Bexar County in the last 14 days? Is so where?

Yes                      No

3. Have you been in close contact with a person known to have tested positive for COVID-19?

Yes                      No

4. Have you quarantined for 14 days since possible exposure?

5. Do you currently have a fever or respiratory symptoms (cough or shortness of breath)?

Yes                      No

6. Have you tested positive for COVID-19 or suspected you might have it?

Yes                      No

7. If tested positive for COVID-19, on what date did you last have fever or other symptoms? \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_