## **COVID 19 Questionnaire**

Name	DOB	Date
Have you travelled outside Oklahor	na in the last (30) d	ays? □ Yes □No
Have you been diagnosed with the	flu in the last (7) da	nys? □ Yes □ No
Do you have any of the following sy	Cough	□ Yes □ No □ Yes □ No □ Yes □ No
S	Shortness of breath	□ Yes □ No
Patient Signature		Date