



PTREVOLUTION

COVID Screening Questions for Patients

1. Do you have any of these symptoms that are not caused by another condition?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms?

(contact is being 6 feet or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 - for example, being coughed or sneezed on)

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?