

COVID- 19 QUESTIONNAIRE

| | Yes / Si | No |
|---|----------|----|
| Have you traveled outside the U.S.A. in the last month? ¿ Ha viajado fuera de los Estados Unidos en el último mes ? | | |
| Have you had a fever recently? ¿Has tenido fiebre recientemente? | | |
| Have you experienced shortness of breath? ¿Has experimentado dificultad para respirar? | | |
| Have you recently felt ill? ¿Te has sentido mal recientemente? | | |
| Have you shown any other symptoms of COVID-19? ¿Has mostrado otros síntomas de COVID-19? | | |
| Have you practiced social distancing, only leaving the house for ESSENTIAL appointments/things? ¿Has practicado el distanciamiento social, solo saliendo de la casa para citas ESENCIALES? | | |
| Have you KNOWINGLY come into contact with someone who tested positive for COVID-19? ¿Has estado en contacto con alguien que dio positivo por COVID-19? | | |

I, _____, attest that all the information answered above is true.

I, _____, certificar que toda la información respondida anteriormente es verdadera.

Patient Signature/Firma del Paciente

Date/ Fecha