



Health Screen Questionnaire

370 Maple Ave W Suite 2
Vienna, VA 22180
(703) 663-8600

Personal Information

Name: _____

Phone: (____) _____ Appointment Time: _____

Questionnaire

The following information will be used to help us minimize the risk of exposure to the novel coronavirus (COVID-19) to our staff and other clients.

Have you been asked to self-isolate or quarantine by a doctor or a local public health official in the last 14 days? Yes No

Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)? Yes No

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes No

For staff

Client temperature _____ °F

Notes: _____

Client Signature

Date

Staff Signature

Date