



COVID-19 Screening Questions

Fair Oaks Women's Health, Pasadena Pellet, Marinas Oasis

1. Within the last 10 days have you been diagnosed with COVID-19, had a positive COVID test, or are waiting for a COVID test result?	YES	NO
2. Do you live in the same household with or have you had close contact with someone in the past 14 days who has positive COVID or possible COVID?	YES	NO
3. Have you or anyone in your household traveled outside of California or to another country in the past 21 days?	YES	NO
4. Have you started to have any of the symptoms below today or within the past 48 hours?		
• Fever, Chills, Sweats or Shivering	YES	NO
• Cough	YES	NO
• Shortness of Breath	YES	NO
• Feeling Unusually Weak	YES	NO
• Loss of Taste or Smell	YES	NO
• Sore Throat	YES	NO
• Runny or congested nose	YES	NO
• Diarrhea	YES	NO

Circle provider:

DR JICK DR FONG DR MITRI DR WOO MANDY

DR PARK (or Pasadena Pellet) ULTRASOUND MARINA PRIMEX LABS

Name **XX** _____ Date _____

Signed **XX** _____ Temp _____