

**COVID 19 Wellness Form**

**ALL patients entering the office MUST fill out this form prior to entering the office.**

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| 1) Do you have a cough?  | Yes/ No |
| 2) Do you have or have you had a fever now or in the past 3 days?  | Yes/ No |
| 3) Are you experiencing shortness of breath?   | Yes/ No |
| 4) Have you traveled outside the State in the past 2 weeks?  | Yes/ No |
| 5) Have you come in contact with anyone experiencing symptoms of or diagnosed with COVID 19 in the past 2 weeks? | Yes/ No |