COVID-19 Screening Questionnaire

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently display any viral symptoms?

* Yes
* No

Have you displayed viral symptoms within the last 14 days?

* Yes
* No

Have you been in close contact with anyone who currently displays viral symptoms?

* Yes
* No

Have you traveled outside of Alaska within the last 14 days?

* Yes
* No

Have you been in close contact with someone who has traveled outside of Alaska within the last 14 days?

* Yes
* No

Do you have any ongoing medical conditions which may put you in a higher risk group for severe illness from COVID-19? These conditions may include those with compromised immune systems or lung and heart function.

* Yes
* No

Have you previously tested positive for COVID-19?

* Yes
* No

This survey is a basic tool to ensure the safety of our community. If you responded “yes” to any of the above questions, our medical staff will perform an additional screening process. Identifying a potential risk does not automatically exclude any person from receiving medical care at JBJC.

I attest that I have answered the above questions to the best of my ability. I will adhere to JBJC policy and wear my mask while in the clinic.

**Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**