



**SHEEHY ANKLE  FOOT CENTER**  
PAUL L SHEEHY, JR., DPM, Medical Director

## COVID-19 SCREENING

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please let us know if you have had any of the following:

	YES	NO
Fever greater than 100F	<input type="checkbox"/>	<input type="checkbox"/>
Cough/Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia/flu – recent	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the country in the last 14 days to China, Japan, Italy, Iran, or S. Korea	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been on a cruise in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>

1<sup>st</sup> dose: \_\_\_\_\_

2<sup>nd</sup> dose: \_\_\_\_\_

Booster: \_\_\_\_\_

Patient Signature: \_\_\_\_\_