

ROSM Health Questionnaire:

Patient Name:

Date:

Questions:	Yes/ No	Comments:
In the past 14 days, have you traveled internationally?		
In the past 14 days, have you visited or traveled through an area in the USA known to be high risk for COVID-19? (California, Florida, Texas, etc.) Please ask our front desk for a complete list.		
In the past 14 days have you traveled out of the DC, Maryland and Virginia areas?		
Have you had close contact with, helped care for anyone suspected, diagnosed or is subject to health monitoring for possible exposure to COVID-19 in the past 14 days?		
In the past 14 days have you experienced any fever (100.4 F, 38 C or higher), cough or difficulty breathing, chills, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose.		
Are you or any of your household members being tested for COVID-19 or currently awaiting test results?		
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?		
In the past 14 days have you traveled via airplane to any destination domestically or locally?		

I attest that this information is accurate to the best of my knowledge:

Signature: _____