

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? 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? | | |
| 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? | | |
| Have you received your second COVID-19 vaccination? If so when? | | |

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

Signature: _____