

COVID-19 SCREENING QUESTIONNAIRE

Dear Patient - Due to the recent COVID-19 (Coronavirus) pandemic, please complete the following questionnaire before being seen for your appointment. **When you are finished, please sign your name at the bottom of this form.**

1) Have you ever had, **OR** do you think you currently have, **OR** have had COVID-19?

Yes --> STOP - you must speak with a physician in our office at 518-456-4200

No --> please continue to the next question

2) Do you have a fever (temperature over 100°F) AND respiratory symptoms (e.g. cough, shortness of breath)?

Yes --> you are advised to stay at home unless you are an Excepted patient (see below)

No --> please continue to the next question

3) Have you had close contact with a person infected with COVID-19 or history of travel (international or to "hot spots" such as NYC, Alaska, Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Indiana, Kansas, Louisiana, Maryland, Missouri, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin) within the last two weeks? (List updated from NYS DOH 7/22/2020)

Yes --> you are advised to stay at home unless you are an Excepted patient (see below)

No --> please continue to the next question

4) Are you immunosuppressed (e.g. diabetic, have ever had an organ transplant, have cancer, are currently on or have completed within the last 6 months any chemotherapy or radiotherapy) or feel very ill?

Yes --> you are advised to stay at home unless you are an Excepted patient (see below)

No --> please continue to the next question

5) Are you pregnant, or have a chronic lung condition, heart disease, diabetes or are on immune suppressive medication?

Yes --> **If YES to this and the first three questions**, you should contact Dr. Lemanski via telephone. Do **NOT** come into the office

If YES to this and questions 2 and 3 ONLY, contact the office for further guidance. Do **NOT** come into the office until you have been cleared by Dr. Lemanski to be seen

No --> You may be seen in the office but you should still observe good hygiene practices

Excepted Patients:

1) Patients coming in for a Pre-op Medical Clearance

2) Patients who require a blood pressure check when their blood pressure has not been controlled

If you have any questions on whether you should be seen, please ask one of our staff or call the office at 518-456-4200 *before* entering the office. **Remember, you MUST wear a mask at all times while at the office.**

Regards - The office staff of Dr. Paul Lemanski, MD

Signature: _____

Initials of office team member assisting with questionnaire (if applicable): _____