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Covid-19 (CoronaVirus) Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Last Name First Name Initial

Address

City State Zip

Cell Phone Home Phone

1. Have you returned from any of the countries listed on the Coronavirus website within the last 30 days? [https://www.cdc.gov/coornavirus/2019-ncov/travelers/after-travel-precautions.html\*](https://www.cdc.gov/coornavirus/2019-ncov/travelers/after-travel-precautions.html%2A)

○ Yes ○ No

2. Have you been in close contact with anyone who hast traveled within the last 30 days to one of the countries listed on the CDC website? [https://www.cdc.gov/coornavirus/2019-ncov/travelers/after-travel-precautions.html\*](https://www.cdc.gov/coornavirus/2019-ncov/travelers/after-travel-precautions.html%2A)

○ Yes ○ No

3. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 30 days?

○ Yes ○ No

4. Have you experienced any cold or flu-like symptoms in the last 30 days to include fever, cough, sore throat, respiratory illness, difficulty breathing?

○ Yes ○ No

5. By checking YES below, I do consent to having my temperature taken and understand that if my temperature is over 99\* I will need to reschedule my appointment. I understand that if I check NO to consent, my appointment will be cancelled.

○ Yes, I consent to having my temperature taken. ○ No, I do not consent and understand my appointment will be cancelled.

**For everyone’s safety, if you answered “yes” to any questions (except #5) you will be required to reschedule your appointment. Thank you for your understanding.**

Signature