

Patient Name: \_\_\_\_\_  
Surgeon Name: \_\_\_\_\_  
DOS: \_\_\_\_\_

Or Patient Label (if available)

Is patient fully vaccinated?  Yes  No  
If yes, choose:  1 dose (J&J)  2 doses (Pfizer, Moderna)  
Date of most recent dose: \_\_\_\_\_ (mm/yyyy)

	PRE-OP CALL		DOS		NOTE(S)
Insert Dates					
<b>SECTION 1: TEMPERATURE</b>					
Temperature $\leq$ 100.4 Insert patient temperature on DOS.	N/A				
<b>SECTION 2: SYMPTOMS</b>					
Recent or new onset coughing (not related to allergy or COPD).	YES	NO	YES	NO	
Nasal congestion (not related to allergies or sinus infections).	YES	NO	YES	NO	
Recent or new onset sore throat.	YES	NO	YES	NO	
Recent or new onset of shortness of breath (not related to chronic disease).	YES	NO	YES	NO	
Recent or new onset diarrhea.	YES	NO	YES	NO	
Recent or new onset of nausea or vomiting.	YES	NO	YES	NO	
Recent or new onset of fatigue and/or malaise.	YES	NO	YES	NO	
Recent or new onset of loss of taste and/or smell.	YES	NO	YES	NO	
<b>SECTION 3: COVID-19 EXPOSURE</b>					
Is patient living with someone that is quarantined?	YES	NO	YES	NO	
Has patient been in contact with an individual confirmed positive for COVID-19?	YES	NO	YES	NO	
Has pt been in contact with a person under investigation (PUI) for COVID-19?	YES	NO	YES	NO	
Is patient considered a person under investigation (PUI) for COVID-19?	YES	NO	YES	NO	
<b>SECTION 4: PERSONAL COVID-19 EXPOSURE</b>					
Has patient tested positive for COVID-19?	YES	NO	YES	NO	If yes, when?
Has patient received the COVID-19 vaccine?	YES	NO	YES	NO	IF YES, SEE ABOVE (top right section of page)

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_