

Keith A. Cohrs, DDS, PC

382-3125

Myportagedentist.com

Patient Name: _____

Date: _____

If you are accompanying our patient today: Escort Name:

Please answer the following questions.

WITHIN THE PAST 14 DAYS:

- 1. Have you had a fever or do you currently have a fever? Yes No
- 2. Have you experienced a recent onset of respiratory problems, such as a cough, difficulty breathing? Yes No
- 3. Have you traveled to or visited areas/neighborhoods with documented COVID-19 transmission? Yes No
- 4. Have you come in contact with a patient with confirmed COVID-19 infection? Yes No
- 5. Have you or anyone you were in contact with traveled out of the U.S. or in states that were affected by the coronavirus? . . Yes No
- 6. Is there at least one person experiencing fever or respiratory problems having close contact with you? Yes No
- 7. Have you recently participated in any gatherings, meetings or had close contact with many unacquainted people? Yes No

If you answered yes to any of the above questions, please elaborate:

