

Podiatry Associates of Beaufort

Medicine and Surgery of the Foot

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COVID-19 Patient Screening Form

1. Do you have a fever or above-normal temperature (greater than 100.4 F)?
 Yes No

2. Do you currently have any signs/symptoms of a respiratory infection such as fever, cough, shortness of breath, body aches, or sore throat?
 Yes No

3. Have you been in close contact with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days?
 Yes No

Patient Name _____

Patient signature _____

Date _____