

TOWN & COUNTRY *Family Physicians*

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SELF-SCREENING FOR COVID-19

Disclaimer: This self-screening does not provide a medical diagnosis and is for informational purposes only. The information contained in the self-screening is for your personal use only and is not intended to diagnose, cure, mitigate, treat, or prevent disease or other conditions and is not intended to provide a determination or assessment of your state of health. If you have concerns regarding your health, or the health of someone else, you should consult a physician. If you are experiencing a serious health emergency you should call 911.

Please answer all the required questions marked with *

***Print Patient Name:** _____ ***DOB:** _____

* **1. Do you have a cough?**

Yes No

* **2. Do you have shortness of breath or difficulty breathing?**

Yes No

* **3. Please check any other Symptoms that you are having:**

- Feeling feverish or have a measured temperature greater than or equal to 100.0 degrees Fahrenheit.
- Body aches or Muscle pain
- Chills
- Repeated shaking with chills
- Headache
- Loss of taste or smell
- Sore throat
- Nausea

* **4. Have you traveled in the last 2 weeks?**

Yes No If yes, place of travel: _____ Departure date: _____ Arrival date: _____
Were you given specific instructions upon arrival? (self-quarantine for 14 days) Yes No

* **5. Do you have a chronic health condition such as diabetes, blood pressure, lung disease or heart disease?**

Yes No

* **6. Have you had contact with someone who has tested positive for COVID-19?**

Yes No

Close contact is defined as either:

- 1) "Prolonged period of 15 minutes or more" spent "within approximately 6 feet (2 meters) or within the room or care area" of an individual who has tested positive for COVID-19 or
- 2) "Direct contact with fluids from the nose or mouth of an individual who has tested positive for COVID-19." Examples include sharing eating or drinking utensils, close conversation, or kissing, hugging, and other direct physical contact.

"Close contact" does not include activities such as walking by a person or briefly sitting across a waiting room or office.

If you are having mild illness stay at home for 14 days and monitor yourself, if you are having severe illness such as upper respiratory distress call (713) 341-2100 opt. 2 for further instructions.