WINDSONG
WHERE PATIENTS COME FIRST

COVID-19 SCREENING FORM

1. *Are you currently **waiting on results** for a COVID-19 Test? ☐ Yes ☐ No
2. *Are you currently **under quarantine/ Isolation** because you tested positive for COVID-19 or had a close contact with a Confirmed COVID-19 individual? ☐ Yes ☐ No

Currently or within the last 5 days have you experienced any of the symptoms below?

- ☐ New unexplained fever or chills (100 F or higher)
- ☐ New unexplained cough
- ☐ New unexplained shortness of breath or difficulty breathing
- ☐ New unexplained fatigue
- ☐ New unexplained muscle or body aches
- ☐ New unexplained headaches
- ☐ New unexplained loss of taste and smell
- ☐ New unexplained sore throat
- ☐ New unexplained congestions or runny nose
- ☐ New unexplained nausea, vomiting or diarrhea

***If you answered yes to 1, 2, and/ or have any symptoms above, you must reschedule your appointment so that we might protect our staff and vulnerable patients. Call 716.631.2500 to reschedule**

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