

WEST HARTFORD PEDIATRICS

785 Farmington Avenue
West Hartford, Connecticut 06119
phone: 860 523-4100 fax: 860 523-1462

COVID-19 SCREENING QUESTIONS

PATIENT NAME: _____ date of birth: _____

Please circle answers

1. Has anyone in your household travelled outside of Connecticut in the past two weeks? YES NO

If the answer is YES, where? _____. PLEASE CONTACT STAFF

2. Has your child or any other household member been ill in ANY way in the past two weeks: fever, headaches, body aches, severe fatigue, cough, congestion, sore throat, nausea, vomiting, diarrhea, loss of taste or smell? YES NO

3. Has your child or any other household member tested positive for the Covid-19 Virus in the past two weeks? YES NO

4. To the best of your knowledge, has your child or any household member been knowingly exposed to a Covid-19 positive individual in the last two weeks? YES NO

5. Has your child, any family or household member OR close contact been tested for the Covid-19 virus and the results are PENDING? YES NO

PARENT OR PATIENT SIGNATURE: _____ DATE: _____

Thank you very much for helping us keep our patients and staff safe and healthy!