SAI Medical Care
Dr. Suman Ravuri
Phone: 832-532-0370

Coronavirus (COVID_19) Questionnaire
Personal Checklist & Self-Declaration

Print Name: _____ **Phone Number:** _____

Have you been vaccinated for COVID-19? **____ Yes** **____ No**

If yes, how many doses have been received? ____ One dose ____ Both dose ____ Booster Vaccine ____ None

With the recent outbreak of COVID-19, SAI Medical Care is taking standard precautions for patients and medical staff to prevent exposure in the workplace.

Please declare if you have any of the following:

- Been in direct or indirect contact with anyone who has been confirmed with the COVID-19 virus **____ Yes** **____ No**
- Diarrhea or throwing up **____ Yes** **____ No**
- A cough, shortness of breath or difficulty breathing **____ Yes** **____ No**
- Headache **____ Yes** **____ No**
- Fever or repeated shaking with chills TEMP:_____ **____ Yes** **____ No**
- Any flu-like symptoms, such as: **____ Yes** **____ No**
  - sore throat, muscle pain, loss of taste or smell

Please list all countries, states, city, and hot spots that you have visited or traveled to in the last 14 days where COVID-19 is currently spreading:

Specific locations: _____

WHAT TO EXPECT AT THE DOCTOR'S OFFICE:

- Face covering MUST be required at all times
- Temperature check upon arrival in patient's vehicle or front doors of clinic
- Patient's might be asked to wait in their vehicle until contacted for exam room entry
- Patient's are NOT allowed to bring any family members, if so they MUST stay in vehicle

This checklist is provided to help individuals to assess their exposure and limit the risk of spreading the COVID-19 Virus.

Signature: _____ **Date:** _____

Printed Name: _____