

# Bolanos Associates Coronavirus Disease 2019 Questionnaire

**This Information is Highly Confidential & Will be Securely Managed**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

You will be asked to complete this form at each visit or to verbally confirm that there have been no changes in your answers since the initial form completion.

Please check the **Yes** or **No** boxes; do not check both boxes. Feel free to explain what a yes or no answer means in the Comment Section below the question.

1. Have you traveled outside of the US in past 30 days? Yes  No   
If yes, please list the countries you have visited below.  
Comment: \_\_\_\_\_

2. Have you been in close contact with an individual who has traveled outside of the US in the past 30 days? Yes  No   
If yes, please list the countries he/she has visited below.  
Comment: \_\_\_\_\_

3. Have you been in close contact, in the past 30 days, with an individual who has had any these symptoms? Yes  No   
 Fever over 100.4°  
 Persistent cough  
 Shortness of breath  
If yes, have they been diagnosed and/or seen the doctor? Yes  No   
Comment: \_\_\_\_\_

4. Have you had any these symptoms? Yes  No   
 Fever over 100.4°  
 Persistent cough  
 Shortness of breath  
If yes, how long have you had these symptoms? \_\_\_\_\_  
If yes, have you been diagnosed and/or seen the doctor? Yes  No   
Comment: \_\_\_\_\_

If you answered yes to any of the questions above, we will work with you to make accommodations for therapy to the best of our ability.

Please contact Jeanette Roca at 786-259-0300 ext 100 if you have questions. Thank you for assisting us in our endeavors to minimize exposure to the Coronavirus 2019.

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_