

### **Pre-appointment COVID-19 Mandatory Screening**

Please complete the following COVID-19 Symptom Screen on the day of your appointment at Rashid Putman Plastic Surgery. This information should reflect your health status ON THE DAY OF your appointment and must be submitted PRIOR to your appointment time.

- \_\_\_\_\_ Date of Screen
- \_\_\_\_\_ Temperature (in degrees F)
- Yes/No Cough
- Yes/No Headache
- Yes/No Sore throat
- Yes/No New loss of taste/smell
- Yes/No Muscle pain
- Yes/No New onset shortness of breath/difficulty breathing
- Yes/No Chills
- Yes/No Household member has tested positive for COVID-19 or has been asked to self-quarantine by a physician

**IF YOU MARKED YES TO ANY OF THESE QUESTIONS OR YOUR TEMPERATURE IS 100.4 OR GREATER PLEASE TEXT US AT 309-328-3248 OR CALL 309-670-0700. DO NOT ENTER THE BUILDING.**

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