



PO Box 13221 Everett, WA 98206

Tax ID # 26-0745725

Group NPI # 1497178206

P: 425-789-1073

F: 425-322-3939

COVID-19 Screening Questionnaire for In-Person Sessions

* First name: _____

* Last name: _____

In the past 10 days,

1. Have you had a fever of over 100 degrees Fahrenheit? Yes or No

2. Have you experienced any flu-like symptoms including a sore throat, shortness of breath, recently lost or had a reduction in your sense of smell, a dry cough, and/or a runny nose?

Yes or No

3. Have you been in contact with someone who has tested positive for COVID-19? Yes or No

4. Have you tested positive for COVID-19? Yes or No

5. Are you awaiting results from a recent COVID-19 test? Yes or No

6. Have you traveled outside of the U.S. in the past 14 days? Yes or No

7. Have you received a COVID-19 vaccination? Yes or No