

*Pulmonary and Sleep
Associates of Marin*



100 Rowland Way, Suite 300
Novato, CA 94945

Phone: 415-878-0225

Fax: 415-878-0215

MarinPulmonarySleep.com

**PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS
BEFORE COMING INTO OUR OFFICE**

	YES	NO
Have you ever tested positive for Covid?		
In the past 14 days:	Date	Result
Have you been tested for Covid-19?		
Have you had <u>close contact</u> (Less 6 ft away for more than 15 min) to someone that was Covid+ or symptoms consistent with Covid?	pos	neg
Have you (or someone in your household) had a respiratory illness?		
In the past 48 hours have you had:		
1. fever (>99F)		
2. new or worse cough?		
3. new or worse shortness of breath?		
4. new chest pain?		
5. new malaise (muscle/body aches) or fatigue?		
6. new sore throat?		
7. new vomiting or diarrhea?		
8. new problem with taste or smell?		
9. new headaches or dizziness?		