



Rock Hill
1757 Ebenezer Rd.
Rock Hill, SC 29732
803.329.4685
Fax 803.329.4683

Fort Mill
105 Ben Casey Dr.
Suite 127
Fort Mill, SC 29708
803.802.5855
Fax 803.802.5869

York
1514 E. Alexander Love Hwy
Suite 116
York, SC 29732
803.628.2220
Fax 803.628.2224

Lancaster
1203 Colonial Commons Ct.
Lancaster, SC 29720
803.286.0041
Fax 803.286.0051

COVID-19 SCREENING FORM

Patient Name _____

D.O.B. _____

Please circle YES or NO for the following questions:

In the **last 14 days** have you:

- | | | |
|---|-----|----|
| 1. Traveled outside of the United States? | YES | NO |
| 2. Traveled within the United States? | YES | NO |
| 3. Been on a cruise ship? | YES | NO |
| 4. Been in contact with anyone who has traveled domestically or internationally? | YES | NO |
| 5. Attended events or gatherings with more than 100 people? | YES | NO |
| 6. Been in close contact with a person diagnosed with COVID-19? | YES | NO |
| 7. Been asked to self-quarantine? | YES | NO |
| 8. Do you currently have a fever or lower respiratory symptoms such as dry cough or shortness of breath? | YES | NO |

Signature

Date