OB/GYN Associates of Lancaster, Inc.

1532 Wesley Way
Lancaster, Ohio 43130-3387
Phone: (740) 653-5088
Fax: (740) 653-6361

Sarah L. Froman, MD, FACOG
Laurel J. Santino, MD, FACOG
Suzanne M. Barnhart, MD, FACOG
Ashley E. Cash, MSN, CNP

Temp: _____

COVID-19 QUESTIONNAIRE

Here at OB/GYN Associates of Lancaster, Inc, we care about your health and safety. We are following the guidelines set forth by the Centers for Disease and Prevention. Please complete this questionnaire as accurately as possible to ensure the health of yourself, fellow patients and staff.

ARE YOU CURRENTLY/HAVE YOU BEEN EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 14 DAYS?

- Fever (Temperature greater than 100.3 degrees F) YES____ NO____
- Cough YES____ NO____
- Shortness of breath/difficulty breathing YES____ NO____
- Chills/repeated shaking with chills YES____ NO____
- Muscle Pain YES____ NO____
- Loss of taste/smell YES____ NO____
- Sore Throat YES____ NO____
- Severe Headache YES____ NO____

HAVE YOU AND/OR ANYONE IN YOUR HOUSEHOLD….

- Traveled outside of the country in the past 14 days? YES____ NO____
- Traveled on a cruise ship in the past 14 days? YES____ NO____
- Been in close contact with someone that has tested positive with COVID-19 in the past 14 days? YES____ NO____

If you answered "YES" to any of the questions listed above, please inform the front office staff. We also ask that you wear a mask during the duration of your visit. There is a chance your appointment will be rescheduled. By signing this form, you consent that you have answered all questions as accurately as possible.

_____ _____
Patient Name (Printed) **Date**

_____
Patient Signature

_____
Staff Signature