



COVID-19 NCISC/NCYAA Visitor Health Pre-Check for Appointment

Please complete this form, completely and accurately before your appointment and you are expected to:

Maintain mandated social distancing behaviors • Wear a facemask • Remain at least six feet away from others

Today's Date:			
First Name:		Last Name:	
Phone No.:		Email:	
Reason for Visit:			

In the last few days have you experienced:	Y	N
Fever of 100.4 degrees+ or chills		
Cough		
Shortness of breath or difficulty breathing		
Fatigue		
Muscle or body aches		
Headache		
New loss of taste or smell		
Sore throat		
Congestion		
Nausea or vomiting		
Diarrhea		

	Y	N
Are you vaccinated OR have you recovered from a documented COVID-19 infection in the last 3 months? <i>(to be considered fully vaccinated, you must be \geq 2 weeks following receipt of the second dose in a 2-dose series or \geq 2 weeks following receipt of one dose of a single-dose vaccine.)</i>		

IMPORTANT: IF YOU ANSWERED "YES" TO THIS QUESTION AND "NO" TO ALL OF THE ABOVE, YOU MAY STOP HERE AND SIGN BELOW, OTHERWISE PLEASE CONTINUE TO COMPLETE THIS FORM.

Please note: For the purpose of this form, "Close Proximity" means within 6 ft. for more than 15 minutes.	Y	N
In the past 14 days, have you been in close proximity to anyone who was experiencing any of the symptoms below or has experienced any of the symptoms below since your contact?		
In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?		
Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your healthcare provider's assessment or your symptoms?		
Within the last 2 weeks have you worked in or visited a facility or location with one or more confirmed COVID-19 cases, including a doctor's office or a hospital?		
In the past 14 days, have you been on a commercial flight or have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the U.S.?		

NCISC will review your responses above and may have follow-up questions.

By signing or typing your name in the box below, you are confirming that the information reflected in this form is accurate and truthful. Thank you for your patience!