



Montgomery Fertility Center is committed to the safety of all patients and staff and is making every effort to prevent the transmission of COVID-19. We require you to wear face coverings when attending appointments. Please carefully review the following screening questions prior to attending your scheduled appointment. Please note your temperature today _____ Today's date _____
If you must respond yes to any of the following questions, please do not come in for your appointment and contact our office for next steps

1. Do you have any of the following symptoms?

- ❖ Sore throat
- ❖ New loss/reduced sense of taste or smell
- ❖ Fever, $\geq 100.0^{\circ}$ F (note that temperature cut-off here is arbitrary, but is the value chosen by CDC)
- ❖ Cough,
- ❖ Shortness of Breath or difficulty breathing
- ❖ Chills
- ❖ Repeated shaking with chills
- ❖ Muscle aches/pain
- ❖ Fatigue,
- ❖ Headache,
- ❖ Runny nose,
- ❖ Nausea, vomiting,
- ❖ Diarrhea,
- ❖ Abdominal pain
- ❖ Persistent pain or pressure in the chest,
- ❖ Bluish lips or face,
- ❖ Headaches.

2. Have you been diagnosed with COVID-19? ___ Yes; ___ No If yes, please answer these questions:

- ❖ a. Do you have documentation of a negative test after illness OR
- b. Has it been at least 72 hours since your last fever and 7 days since the onset of any symptoms?

3. Have you had close contact with a person who has tested positive for COVID-19 or is in the process of being tested for COVID-19 in the prior 14 days? ___ Yes; ___ No Close contact includes:

- Living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being within 6 feet of a sick person with COVID-19 **for 10 minutes** or longer
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

4. Are you a healthcare professional with potential exposure to patients with COVID-19? If yes, please answer the following questions:

- a. Have you been exposed to a patient with COVID-19 when you were not wearing a mask?
- b. Have you been exposed to a patient with COVID-19 who was not wearing a mask, when you were wearing a mask, but no eye protection?

_____ Signature _____ Name

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