



Chantilly Family Practice Center

Dr. Rajesh N. Mehra, Medical Director

4437 Brookfield Corporate Drive - Chantilly, VA 20151 - Office (703) 968 - 7277 Fax (703) 968 - 5644

DATE: _____

NAME: _____

COVID-19 Instant Finger-Prick Screening Test Questionnaire

1. Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

YES NO

1a. If YES:

Does the person with COVID-19 live with you?

YES NO

2. In the last 48 hours, have you had any of the following NEW symptoms?

Fever of 100.5F or above, or possible fever symptoms like alternating chills and sweating

Cough

Trouble breathing, shortness of breath or severe wheezing

Chills or repeated shaking with chills

Muscle aches

Sore throat

Diarrhea

Loss of smell or taste, or a change in taste

Headache

None of the above

If you answered **YES** to questions **1** or **1a** and/or **checked off any symptoms** in question **2**, you may not be eligible for instant screening without consulting a healthcare professional.

PATIENT SIGNATURE: _____

Further testing and workup to be decided by Dr. Rajesh Mehra

FOR OFFICE USE ONLY

Patient's Current Temperature: _____ F Eligible for Instant Screening: Y N