

DO NOT complete this form if it's more than 24 hours before your appointment. If it is, you will be asked to fill it out again closer to your appointment.

YES NO Have you been exposed to someone who has been diagnosed with COVID-19 in the past 14 days?

YES NO Has anyone in your family been sick with a fever, cough, or shortness of breath in the past 14 days?

YES NO Do you have a fever (greater than 100.4° F), difficulty breathing/shortness of breath, new cough, sore throat, headache, muscle aches, chills, or loss of smell or taste?

If you answered YES to any of these questions, we will not be able to see you at this time. Please call our office to reschedule your appointment. If you have an urgent matter, you should have testing done at a hospital that is able to handle higher risk patients. Thank you for your cooperation.

I understand that:

1. I will be required to wear a mask or face covering throughout my time at Weinstein Imaging Associates.
2. I will not be able to have anyone accompany me into the office, except that obstetrical patients, minors, and patients who do not speak English may be accompanied by one family member.
3. To promote social distancing, Weinstein Imaging Associates strongly encourages me to communicate with the office via cell phone upon arrival at the parking lot to know when it is my turn to enter the office.

Signature

Birth Date

Printed Name

Today's Date