

COVID-19 QUESTIONNAIRE

The safety of our patients and employees remain Galanis Plastic Surgery's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Galanis Plastic Surgery is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our patients and staff, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our practice.

Please answer the following questions:

1. Have you or someone in your household experienced any of the following symptoms within the last 14 days:
 - A fever greater than 100.4 F or 38.0 C? Yes No
 - Headaches? Yes No
 - Dry Cough? Yes No
 - Runny nose? Yes No
 - GI distress? (nausea, Vomiting, diarrhea) Yes No
 - Shortness of breath? Yes No
 - Lethargy? Yes No
 - Muscle aches? Yes No
 - Chills or repeated shaking with chills? Yes No
 - Sore throat? Yes No
 - New loss of taste or smell? Yes No
 - Blistering or discoloration of the feet/toes? Yes No

2. Have you had close contact with or cared for someone who is having symptoms consistent with COVID-19 or been diagnosed with COVID-19 within the last 14 days? Yes No

3. Have you traveled within the last 14 days? Yes No

4. Have you or your close contacts been staying at home, practicing social distancing, wearing a mask or face covering when out as recommended for a minimum of 14 days? Yes No

I certify that the above statements are true, accurate, and complete.

Signature of Patient

Date

Signature of Physician

Date

Witness for Galanis Plastic Surgery

Date