



Baltimore Ambulatory Center for Endoscopy

COVID-19 PRE-SCREENING QUESTIONS

The safety of our patients and staff is most important to us during this COVID pandemic. We need you to **carefully read and answer the questions below**. The questions are designed to help promote your safety, as well as the safety of our staff and other patients. All of your answers will be kept confidential and we ask that you answer truthfully and accurately. **If you answer yes to any of the questions at any time before your procedure please call us immediately at 410-574-7776.** You may be required to have COVID testing done prior to your procedure.

1. Have you or any member of your household had any of the following symptoms in the past 14 days: fever, cough, sore throat, shortness of breath, loss of taste or smell, runny nose, chills, body aches, headache, or any flu-like symptom? Yes (circle any that apply) No
2. Within the past 14 days, have you had any close contact (being within 6 feet) or proximate contact (being in the same enclosed environment such as a classroom, office, or small gathering) with a person confirmed positive or being tested for COVID-19? Yes No
3. Have you or any member of your household tested positive for COVID-19? If yes, please call us immediately. We will need to get information about date of testing and symptoms. Yes No
4. Have you or any member of your household traveled outside the US or anywhere outside of Maryland in the past 14 days? Yes No
5. Do you have any reason to believe that you or any member of your household has been exposed to COVID-19? Yes No

Signature: _____

Date: _____

PLEASE BRING THIS COMPLETED FORM THE DAY OF YOUR PROCEDURE.
Thank you very much, and we look forward to providing you excellent care.