PRECISION
SURGERY CENTER OF NAPA VALLEY

COVID-19 EXPOSURE CONTROL SURVEY

PLEASE PRINT

Name of Guest: _____

Date: _____

Related Patient Label

SECTION 1: TEMPERATURE		
Temperature ≤ 100.4 Record temperature on DOS.		
SECTION 2: SYMPTOMS		
Recent or new onset coughing (not related to allergy or COPD).	YES	NO
Nasal congestion (not related to allergies or sinus infections).	YES	NO
Recent or new onset sore throat.	YES	NO
Recent or new onset of shortness of breath (not related to chronic disease).	YES	NO
Recent or new onset diarrhea.	YES	NO
Recent or new onset of nausea or vomiting.	YES	NO
Recent or new onset of fatigue and/or malaise.	YES	NO
Recent or new onset of loss of taste and/or smell.	YES	NO
SECTION 3: COVID-19 EXPOSURE		
Are you living with someone that is quarantined?	YES	NO
Have you been in contact with an individual confirmed positive for COVID-19?	YES	NO
Have you been in contact with a person under investigation (PUI) for COVID-19?	YES	NO
Are you considered a person under investigation (PUI) for COVID-19?	YES	NO
SECTION 4: PERSONAL COVID-19 EXPOSURE		
Have you tested positive for COVID-19?	YES	NO
If yes, when?		
Have you received the COVID-19 vaccine?	YES	NO
If yes, choose: ❒ 1 dose (Johnson & Johnson) ❒ 2 doses (Pfizer or Moderna)		
Date of most recent dose: _____ (mm/yyyy)		

Signature _____ Date _____

( ) _____ Email Address _____

Cell Phone Number