PRECISION
SURGERY CENTER OF NAPA VALLEY

COVID-19 EXPOSURE CONTROL SURVEY

Patient Name: _____

Surgeon Name: _____

DOS: _____

Or Patient Label (if available)

Is patient fully vaccinated? ❒ Yes ❒ No

If yes, choose: ❒ 1 dose (J&J) ❒ 2 doses (Pfizer, Moderna)

Date of most recent dose: _____ (mm/yyyy)

	PRE-OP CALL			DOS		NOTE(S)
Insert Dates →						
SECTION 1: TEMPERATURE						
Temperature ≤ 100.4 Insert patient temperature on DOS.	N/A →					
SECTION 2: SYMPTOMS						
Recent or new onset coughing (not related to allergy or COPD).	YES	NO		YES	NO	
Nasal congestion (not related to allergies or sinus infections).	YES	NO		YES	NO	
Recent or new onset sore throat.	YES	NO		YES	NO	
Recent or new onset of shortness of breath (not related to chronic disease).	YES	NO		YES	NO	
Recent or new onset diarrhea.	YES	NO		YES	NO	
Recent or new onset of nausea or vomiting.	YES	NO		YES	NO	
Recent or new onset of fatigue and/or malaise.	YES	NO		YES	NO	
Recent or new onset of loss of taste and/or smell.	YES	NO		YES	NO	
SECTION 3: COVID-19 EXPOSURE						
Is patient living with someone that is quarantined?	YES	NO		YES	NO	
Has patient been in contact with an individual confirmed positive for COVID-19?	YES	NO		YES	NO	
Has pt been in contact with a person under investigation (PUI) for COVID-19?	YES	NO		YES	NO	
Is patient considered a person under investigation (PUI) for COVID-19?	YES	NO		YES	NO	
SECTION 4: PERSONAL COVID-19 EXPOSURE						
Has patient tested positive for COVID-19?	YES	NO		YES	NO	If yes, when?
Has patient received the COVID-19 vaccine?	YES	NO		YES	NO	IF YES, SEE ABOVE (top right section of page)

Nurse's Signature: _____ Date: _____ Patient Signature: _____ Date: _____