acoustic hearing center

Acoustic Hearing Center
1163 Willis Avenue, Albertson, NY
11507-1203
(516) 484-0811

COVID Questionnaire

In order to provide safety to our patients and staff we ask that you answer the following questions:

1. Do you currently have or in the last 24 hours have had a fever of 100 degrees or more?

   ☐ **YES** ☐ **NO**

2. If you have tested positive for COVID-19, please provide a date: _______________

a. Did you adhere to 14 days of quarantine following that diagnosis?

☐ **YES** ☐ **NO** ☐ **N/A**

b. Were you retested with a negative result?

☐ **YES** ☐ **NO** ☐ **N/A**

3. Are you currently quarantined due to exposure to a confirmed case of COVID-19?

☐ **YES** ☐ **NO**

4. Have you traveled outside the country in the last 14 days?

☐ **YES** ☐ **NO**

If yes to any of the questions above, appointment should be rescheduled.

Signed: _____________________________ Date: ___________

To effectively communicate with you during this pandemic and in the future please provide the following to be updated in your patient records:

Cell Phone Number: _____________________________

Email Address: ________________________________