

Urology Group, PA

In an effort to curtail the spread of the Coronavirus (COVID-19); please answer the following questions:

1. Are you having symptoms or respiratory illness such as cough or shortness of breath or a fever of 100.4°F or higher?

Yes No

2. Have you traveled outside of NJ, NY or CT within the last 14 days?

Yes No

3. Have you come into contact with any person that has been diagnosed with COVID-19?

Yes No

4. Are you experiencing diarrhea?

Yes No

5. Are you experiencing a loss or change to smell or taste?

Yes No

6. Have you, or anyone in your household, been tested for COVID-19 and are awaiting results?

Yes No

Name _____ Date _____

When possible we ask that each patient please arrive to their appointment alone or at least when entering our office.

Urology Group PA

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