



# Haverford College

HEALTH SERVICES

## COVID-19 Pre-Visit Screening

The safety of our students is of the utmost importance to us. Due to the COVID-19 pandemic, we are screening our patients prior to arrival as part of our safety plan. Below are a few questions in connection with your appointment. All of your responses will remain confidential.

Date

Legal Name

Preferred Name

Student ID

Cell Phone

Have you or are you currently experiencing any of the following symptoms:

Sore Throat	Yes	No
Cough	Yes	No
Chills	Yes	No
Body Aches	Yes	No
Shortness of Breath	Yes	No
Loss of Taste	Yes	No
Loss of Smell	Yes	No
Congestion or Runny Nose	Yes	No
Nausea	Yes	No
Vomiting	Yes	No
Diarrhea	Yes	No
Fever (<100 degrees F)	Yes	No

Have you been in close contact with anyone in the past 14 days who has any symptoms listed above?

Yes No

Have you traveled within the past 14 days

Yes No

If yes, what was your mode of transportation? Have you traveled within the past 14 days

Walk Bike Personal Car Shared Ride Septa Plane

To the best of your knowledge, have you been in close contact with any individual who tested positive for COVID-19?

Yes No