Monica Bedi, MD
Ann Neff, MD
Dahlia Saleh, DO
Brittony Blakey, DO
Margarita Givens, PA-C
Laura De Oliveira, PA-C
Anna Heck, PA-C
Sarah Puccinelli, PA-C
Jennifer Crews, PA-C

INFECTION TRIAGE FORM

Temperature _____

☐ Yes ☐ No Have you tested positive for COVID-19 within the last 2 weeks?

In the past 14 days, have you or anyone in your household:

☐ Yes ☐ No Had a fever of 100.4 or higher?

☐ Yes ☐ No Experienced a recent onset of respiratory problems, such as a cough, shortness or breath or difficulty in breathing?

☐ Yes ☐ No Had a sore throat, chills, muscle pain, headache, new loss of taste or smell, extreme fatigue, or diarrhea?

☐ Yes ☐ No Travelled internationally?

☐ Yes ☐ No Come into contact with, or cared for a patient with confirmed COVID-19 without PPE?

I understand that if I am over 65 or have any underlying medical conditions the risk of serious or life-threatening complications from COVID-19 are higher. I choose to be evaluated and treated by Dermatology Associates. By signing below, I affirm that the above information is accurate to the best of my knowledge.

_____
Printed Name

_____ _____
Signature Date

3830 Bee Ridge Road - Suite 200, Sarasota FL 34233
4351 Cortez Road W - Suite 101, Bradenton FL 34210
11505 Palmbrush Trail - Suite 220, Lakewood Ranch FL 34202
7915 US 301 – Suite 107, Ellenton FL 34222

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