



UNIVERSITY CENTER  
FOR  
AMBULATORY SURGERY  
**Covid-19 Pre-op Screening Form**

TEMPERATURE: \_\_\_\_\_

**Protocol:** All patients will be screened pre-operatively for exposure risk to Covid-19 and symptoms of respiratory illness.  
**IF YOU ARE VACCINATED, PLEASE BRING YOUR ORIGINAL COVID VACCINATION CARD ON THE DAY OF YOUR SURGERY.** (Photocopies or pictures of cards will NOT be accepted)

PLEASE READ EACH QUESTION CAREFULLY	Yes	No
1. Have you been in close physical contact in the last 14 days with: <ul style="list-style-type: none"> <li>• Anyone who is known to have laboratory-confirmed COVID-19?</li> </ul> OR <ul style="list-style-type: none"> <li>• Anyone who has any symptoms consistent with COVID-19?</li> </ul> Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection)		
2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?		
3. Have you traveled in the past 10 days? (Travel is defined as ANY trip that is overnight AND on public transportation (plane, train, bus, Uber, Lyft, cab, etc.) OR any trip that is overnight AND with people who are not in your household.)		
4. Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> <li>• Fever (Temperature of <math>\geq 100.4</math>) or chills</li> <li>• Shortness of breath</li> <li>• Sore throat/ Cough</li> <li>• Headache</li> <li>• Loss of smell or taste</li> <li>• Muscle pain</li> </ul>		
5. Are you fully vaccinated OR have you recovered from a documented COVID-19 infection in the last 3 months? <ul style="list-style-type: none"> <li>• <i>To be considered fully vaccinated, you must be <math>\geq 2</math> weeks following receipt of the second dose in a 2-dose series or <math>\geq 2</math> weeks following receipt of one dose of a single-dose vaccine.</i></li> </ul>		
6. If you are NOT vaccinated, are you currently waiting on the results of a COVID-19 test? Date of test/facility:		

Comments: \_\_\_\_\_

I certify that my responses are true and correct:

\_\_\_\_\_/\_\_\_\_\_  
Patient signature Date