

**Marinelli's Village Pharmacy**

31 East Main Street  
 Elmsford, NY 10523  
 (914)592-8211

**COVID-19 Screening Questionnaire**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Screening Questions	YES	NO
In the past 2 weeks, have you tested positive for COVID-19 or are currently being monitored for COVID-19?		
In the past 2 weeks, have you had contact with someone who tested positive for COVID-19?		
Do you currently, or have you in the past 2 weeks, experienced the new onset of a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?		

**To be filled out by immunizer:**

Patient Temperature: \_\_\_\_\_

Date: \_\_\_\_\_

Immunizer Name & title: \_\_\_\_\_