

Patient Screening Form

Patient Demographic		
Last Name: Laksamana	First Name: Fery	Middle Name: Wijaya
Date of birth: 11/23/2001	Age: 18	Sex: Male
Email: tarzanking44@gmail.com		Contact No.: +639283045160
Are you with Companion? Yes		
Unit/ Department to Visit: : Doctor's Clinic		Date Accomplished: 07/08/2020 02:45 PM
Patient Screening - Symptoms Within 14 days		
Respiratory Symptoms? None	Influenza-like Symptoms? None	Fever 38 degrees Celsius or Higher? No
Have you had any unprotected close contact exposure to a person who is confirmed COVID-19 positive? No		
COVID-19 History		
Have you been hospitalized for Pneumonia or COVID-19 for the past month? No		
Have you been tested for Covid-19? No		
Have you had RT-PCR (Swab Test)? N/A		
Have you had Rapid Antibody Test for COVID-19? N/A		
RECOMMENDATION You may proceed to your scheduled appointment		