



BODY *and* FACE
COSMETIC & PLASTIC
SPECIALISTS NJ

Covid 19 Questionnaire

Please Circle Yes or No

1. Have you traveled outside the United States in the last 14 days?

Yes or No

2. Have you had any contact with anyone with confirmed Covid-19 in the last 14 days?

Yes or No

3. Are you currently experiencing any of the following symptoms?

Fever over 100

Yes or No

Difficulty Breathing / Shortness of Breath

Yes or No

Chills

Yes or No

Cough

Yes or No

Headache

Yes or No

Loss of Smell or Taste

Yes or No

Thank you, Dr. Sheila Bond and Staff