

**Pediatrics of Arlington, P.L.C.**  
**COVID-19 Self Screening Questionnaire**

1) Have you or anyone in your household had any of the following symptoms in the last 10 days?

- A. Fever (100.4 or higher) or chills
- B. Fatigue
- C. Cough
- D. Headache, muscle, or body aches
- E. Sore throat
- F. New loss of taste or smell
- G. Nasal congestion or runny nose
- H. Diarrhea
- I. Nausea or vomiting
- J. Shortness of breath

**If you answered “YES” to any of the symptoms above, please call to reschedule your appointment.**

**You should seek medical care by calling the office at 703-522-7300, option 2.**

2) In the last 14 days have you or anyone in your household:

- A. Been in close contact (within 6’ of the infected person for at least 15 mins) with a person confirmed COVID-19?
- B. Any who has any symptoms consistent with COVID-19?

**If you answered “YES” to question TWO, please call to reschedule your appointment.**

3. In the last 14 days have you or anyone in your household traveled domestically by train or plane?

- A. Those have traveled HAS BEEN fully vaccinated.
- B. Those have traveled has NOT BEEN fully vaccinated.

If you answered “YES” to PART B, please CALL to RESCHEDULE YOUR APPOINTMENT. The CDC domestic travel recommendation of those who have NOT BEEN VACCINATED to get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you do not get tested.

**\*\* For safety and health reasons all people over the age of 2 must still wear a mask when entering our office. We are allowing 2 caregivers to accompany your child to their PE appointments.**