



Dr. Makabis Yousefpour  
 2137 E Cesar E Chavez Ave  
 Los Angeles, CA 90033-1843



Patient Name \_\_\_\_\_

Date \_\_\_\_\_

DOB \_\_\_\_\_

Cell \_\_\_\_\_

**COVID-19 Screening Questions:**

**Note: A "Yes" to any of these questions requires additional evaluation from a Provider**

1. Have you recently (*last 7 days*) been having a fever ( $\geq 100.1^{\circ}\text{F}$ ) or have been feeling feverish?  
 Yes  
 No
  
2. Have you recently (*last 7 days*) had a new cough that cannot be linked to another health condition?  
 Yes  
 No
  
3. Have you recently (*last 7 days*) been having shortness of breath or fatigue that cannot be linked to another health condition?  
 Yes  
 No
  
4. Have you recently (*last 7 days*) been having a sore throat or other cold symptoms that cannot be linked to another health condition?  
 Yes  
 No
  
5. Have you recently (*last 7 days*) been experiencing muscle aches that cannot be linked to either another health condition or specific activity (like exercise)?  
 Yes  
 No

Meets criteria for further evaluation by Provider

M.A. Name: \_\_\_\_\_

M.A. Signature: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_