



Oncology of Northshore
with Compassion and Excellence

COVID-19 Screening Questions

Patient Name:
Patient DOB:
Cell Phone or Other Contact Number

You're on top of Priority

Oncology of NorthShore is committed to the health and safety of all our patients, visitors and workforce members. We are conducting screening for COVID-19

Circle one

1. To your knowledge, have you been in close contact with an ill person who is known to have or suspected of having Coronavirus?	Yes	No
2. Are you having respiratory symptoms (i.e. difficulty breathing, shortness of breath) and/or fever?	Yes	No
3. Have you been previously diagnosed with Coronavirus or are currently positive?	Yes	No

Please bring this completed form to Registration

Date

Signature