



Cygnet Tax COVID-19 Screening Questionnaire

1. Have you or has anyone in your house been tested for COVID-19 coronavirus in the past 14 days? No Yes

If YES, 1) What the date of the test? _____ 2) What were the results? _____

2. Have you or has anyone in your house had contact with someone who was diagnosed with COVID-19 coronavirus in the past 14 days? No Yes

If YES, 1) What the date of the test? _____ 2) What were the results? _____

3. Are you experiencing any of the following symptoms?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

No Yes If YES, please describe symptoms and date of onset. _____

Cygnet Tax Staff: If all responses are **NO**, the client may be scheduled for an appointment.

For any **YES** response(s) that are not emergent, please delay scheduling the patient for 14 days.

For any **YES** response(s) that are emergent, please forward appropriately to the following to determine if client can be scheduled for an appointment:

ALL Clients scheduled for an appointment should be instructed that if at any time after scheduling an appointment he/she becomes exposed to anyone who has tested positive and/or has developed symptoms of COVID-19, that he/sheshould call and reschedule his/her appointment.

If Client tests positive within 2 weeks of appointment, he/she agrees to notify Cygnet Tax of COVID-19 Test Results.

Client Name (Printed)

Date of Birth

Client Signature

Date

Cygnet Tax Staff Signature

Date