

Pre-Screening Questionnaire

Please complete the following prescreening questionnaire prior to your SARS-CoV-2 antibody test or COVID-19 antigen test. Please complete and send back to Lisa@WestLAMed.com before the day of your appointment.

Your Name: _____

1. Do you have any of these symptoms? *Please select all that apply.*

- Fever greater than 100 degrees
- Dry Cough
- Shortness of Breath
- Sore Throat
- Runny Nose

2. Do you work as any of the following?

First Responder

- No
- Yes

Healthcare Worker Employee?

- No
- Yes

Nursing Home Employee

- No
- Yes

Essential employee with direct contact with the public while working (e.g. office, supermarket, restaurant...)

- No
- Yes

3. Have you been in close contact (within 6 feet) with someone who is diagnosed with COVID-19?

- No
- Yes