

# SPECIALTY | AESTHETIC | SURGERY

We consider it a privilege that you have selected our practice for your cosmetic & medical needs. We are committed to providing you with the highest level of care before, during and after treatment. Welcome to our office. We look forward to caring for you.

Dr. Bruce K. Moskowitz & Dr. Grigoriy Mashkevich and the Team at Specialty Aesthetic Surgery

## COVID-19 Screening Questions:

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Answer all questions by checking Y or N boxes:  
All responses are kept confidential

	Yes	No
1. Have you tested positive for COVID -19?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been tested for COVID -19 and still waiting for results?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a fever or have you had one within the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you having difficulty breathing or have you had difficulty breathing within the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a cough or cold or have you had one within the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a runny nose or have you had one within the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you recently lost your sense of taste or smell??	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you traveled in or outside of the USA within the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand the importance of a Covid-19 questionnaire to assist the doctor in providing the best care possible.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Name (print)

Signature

Date