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COVID 19 SURVEY

QUESTIONS:

- 1.DO YOU HAVE A FEVER?**
- 2.DO YOU HAVE A DRY COUGH?**
- 3. HAVE YOU TRAVELED OUT OF THE COUNTRY?**
- 4. HAVE YOU BEEN IN CONTACT WITH A PERSON DISGNOSED WITH COVID-19?**
- 5. DO YOU HAVE SHORTNESS OF BREATH?**
- 6. DO OUO HAVE TEMPERATURE?**
- 7. SO YOU HAVE PERSISTENT PAIN OR PRESSURE IN THE CHEST?**

YES:

NO:

SIGNATURE:

DATE: