



Orthopaedic & Sports
Medicine Specialists, INC.

David V. Lopez, M.D., F.A.A.O.S.

BOARD CERTIFIED ORTHOPAEDIC SURGEON
BOARD CERTIFICATION IN ORTHOPAEDIC SPORTS MEDICINE
DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
ASSISTANT PROFESSOR IN THE DEPARTMENT OF ORTHOPAEDIC SURGERY
AT THE SETON HALL - HACKENSACK MERIDIAN SCHOOL OF MEDICINE

COVID-19/CORONAVIRUS SCREENING QUESTIONNAIRE

We appreciate your cooperation and patience in helping to keep our patients
and staff safe and healthy.

Have you traveled outside the U.S. or YES NO
within the U.S. in the past 30 days?

If yes, where? _____

Have you been in personal contact YES NO
with a person with confirmed COVID-
19/Coronavirus in the past 30 days?

IN THE LAST 14 - 21 DAYS:

Have you had a fever (99.5°+) YES NO
or felt feverish?

Have you experienced any:

Loss of taste or smell? YES NO

Coughing? YES NO

Sore Throat? YES NO

Difficulty Breathing? YES NO

Muscle Aches? YES NO

Stomach Pain? YES NO

Diarrhea? YES NO

Print Name: _____

Signature: _____ Date: _____

**Positive responses to any of these would likely indicate a deeper discussion
with staff before proceeding with treatment.**

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