



The Eyewear Gallery
at Reston Town Center
Optometrist

Patient COVID-19 Screening Questions

Do you have a fever, or have you felt hot or feverish recently (14-21 days)?	Yes	No
Are you having shortness of breath or other difficulties breathing?	Yes	No
Do you have a cough?	Yes	No
Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?	Yes	No
Have you experienced a recent loss of taste and/or smell?	Yes	No
Are you in contact with any confirmed COVID-19 positive patients?	Yes	No
Are you immuno-compromised?	Yes	No