



MedicalACCESS
from prevention to cure
My Urgent Care & More...

Date of Service: _____

Patient Name: _____

DOB: _____

Cellphone#: _____

Do you have an (Please circle one): iPhone Android

Reason for Visit: _____

Do you have any of the following? (Please circle your answers)

- | | | |
|---|-----|----|
| 1. Have you had a fever in the last 48 hours? | Yes | No |
| 2. Do you have a cough? | Yes | No |
| 3. Are you having shortness of breath? | Yes | No |
| 4. Are you experiencing abdominal pain, vomiting, or diarrhea? | Yes | No |
| 5. Are you age 65 or older? | Yes | No |
| 6. Have you had close contact with or cared for someone diagnosed with COVID-19? | Yes | No |
| 7. Have you been diagnosed with COVID-19? | Yes | No |
| 8. Have you or anyone in your family traveled outside of the country in the last 21 days? | Yes | No |

If yes, please list the countries you have been to below.



Germantown
12321 Middlebrook Rd #201
Germantown, MD 20874
301-428-1070

Woodbridge
14527 Jefferson Davis Hwy
Woodbridge, VA 22191
703-497-1234

Alexandria
7598 Telegraph Road
Alexandria, VA 22315
703-778-0400