



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

East Tennessee Dermatology Group, Affiliate of Anne Arundel Dermatology
133 Associates Blvd, Alcoa, Tennessee 37701

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
600 Ridgely Ave, Annapolis, Maryland 21401

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Anne Arundel Dermatology
703 Giddings Ave, Annapolis, Maryland 21401

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Anne Arundel Dermatology
101 Ridgely Ave, Annapolis, Maryland 21401

Valued Patients/Visitors,

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Date of Birth: _____

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Tideway Dermatology, Affiliate of Anne Arundel Dermatology
615 W. MacPhail Rd, Bel Air, Maryland 21014

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Anne Arundel Dermatology
9948 Main St, Berlin, Maryland 21811

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Date of Visit: _____

Jaffe, O'Neill, Lindgren, Affiliate of Anne Arundel Dermatology
6410 Rockledge Dr Ste 402, Bethesda, Maryland 20817

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

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*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Skin Cancer Surgery Center, A Division of Anne Arundel Dermatology
6410 Rockledge Dr Ste 300, Bethesda, Maryland 20817

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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*Office Staff Only**

Patient/Visitor Temperature: _____

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Patient/Visitor Name: _____

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Date of Visit: _____

Chevy Chase Cosmetic & Dermatology Center, Affiliate of Anne Arundel Dermatology
8401 Connecticut Avenue Suite 210, Chevy Chase, Maryland 20815

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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*Office Staff Only**

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Anne Arundel Dermatology
10700 Charter Drive Ste 300, Columbia, Maryland 21044

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Date of Birth: _____

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Anne Arundel Dermatology
4 Caulk Lane Ste B, Easton, Maryland 21601

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Anne Arundel Dermatology
1645 Liberty Rd Ste 201, Eldersberg, Maryland 21784

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Anne Arundel Dermatology
11351 Random Hills Road Ste 200, Fairfax, Virginia 22030

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Date of Visit: _____

Skin Cancer Surgery Center, A Division of Anne Arundel Dermatology
8503 Arlington Blvd. Ste 150, Fairfax, Virginia 22031

Valued Patients/Visitors,

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Azalea Skin Treatment Center, Affiliate of Anne Arundel Dermatology
501 Health Park Drive Suite 150, Garner, North Carolina 27529

Valued Patients/Visitors,

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Anne Arundel Dermatology
7671 Quarterfield Rd Ste 200, Glen Burnie, Maryland 21061

Valued Patients/Visitors,

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Anne Arundel Dermatology
7701 Greenbelt Road Suite 504, Greenbelt, Maryland 20770

Valued Patients/Visitors,

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Anne Arundel Dermatology
1185 Imperial Dr Ste 201, Hagerstown, Maryland 21740

Valued Patients/Visitors,

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Date of Visit: _____

Tideway Dermatology, Affiliate of Anne Arundel Dermatology
930 Revolution St, Havre de Grace, Maryland 21078

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Date of Birth: _____

Date of Visit: _____

Maryland Laser, Skin & Vein, Affiliate of Anne Arundel Dermatology
54 Scott Adam Road Ste 301, Hunt Valley, Maryland 21030

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Patient/Visitor Name: _____

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Date of Visit: _____

Dermatology Associates of Knoxville, Affiliate of Anne Arundel Dermatology
1450 Dowell Springs Blvd Suite 210, Knoxville, Tennessee 37909

Valued Patients/Visitors,

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1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Dermatology Associates of Knoxville, Affiliate of Anne Arundel Dermatology
11416 Grigsby Chapel Rd Ste 100, Knoxville, Tennessee 37934

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Dermatology Associates of Knoxville, Affiliate of Anne Arundel Dermatology
1928 Alcoa Hwy Ste 209, Knoxville, Tennessee 37920

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Knoxville Dermatology Group, An Affiliate of Anne Arundel Dermatology
123 Fox Rd, Knoxville, Tennessee 37922

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

MediSpa Knoxville Dermatology Group, An Affiliate of Anne Arundel Dermatology
123 Fox Rd Suite 200, Knoxville, Tennessee 37922

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

SkinCare Center at Dermatology Associates of Knoxville
11416 Grigsby Chapel Rd Ste 101, Knoxville, Tennessee 37934

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
23503 Hollywood Rd Ste 102, Leonardtown, Maryland 20650

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
231 Najoles Rd Suite 300, Millersville, Maryland 21108

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology's Meridiem DermSpa
231 Najoles Rd Suite 300, Millersville, Maryland 21108

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
301 W Watersville Rd Ste 2, Mt. Airy, Maryland 21771

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Virginia Dermatology & Skin Cancer Center, Affiliate of Anne Arundel Dermatology
12695 McManus Blvd Suite 4A-B, Newport News, Virginia 23602

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Virginia Dermatology & Skin Cancer Center, Affiliate of Anne Arundel Dermatology
5630 Lowery Rd, Norfolk, Virginia 23502

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Dermatology Associates of Knoxville, Affiliate of Anne Arundel Dermatology
7557 Dannaher Dr Ste G20, Powell, Tennessee 37849

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

SkinCare Center at Dermatology Associates of Knoxville
7557 Dannaher Dr Ste G20, Powell, Tennessee 37849

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
995 North Prince Frederick Blvd Ste 204, Prince Frederick, Maryland 20678

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Audrey Echt Dermatology, Affiliate of Anne Arundel Dermatology
10931 Raven Ridge Road Suite 101, Raleigh, North Carolina 27614

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Raleigh Dermatology, Affiliate of Anne Arundel Dermatology
800 Springfield Commons Drive Suite 115, Raleigh, North Carolina 27609

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Skin & Cosmetic Solutions, Affiliate of Anne Arundel Dermatology
800 Springfield Commons Drive Suite 116, Raleigh, North Carolina 27609

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Skin Renewal Center at Southern Dermatology
4201 Lake Boone Trail Suite 207, Raleigh, North Carolina 27607

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Southern Dermatology, Affiliate of Anne Arundel Dermatology
4201 Lake Boone Trail Suite 200, Raleigh, North Carolina 27607

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Katz Dermatology, An Affiliate of Anne Arundel Dermatology
11510 Old Georgetown Rd, Rockville, Maryland 20852

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Montgomery Dermatology Associates, A Division of Anne Arundel Dermatology
15225 Shady Grove Rd Ste 303, Rockville, Maryland 20850

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Knoxville Dermatology Group, An Affiliate of Anne Arundel Dermatology
740 Middle Creek Rd Ste 114, Sevierville, Tennessee 37862

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

MediSpa Knoxville Dermatology Group, An Affiliate of Anne Arundel Dermatology
740 Middle Creek Rd Ste 111, Sevierville, Tennessee 37862

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Rock Creek Dermatology, Affiliate of Anne Arundel Dermatology
3925 Ferrara Drive, Silver Spring, Maryland 21704

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
115 Sallitt Dr Ste E, Stevensville, Maryland 21666

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Virginia Dermatology & Skin Cancer Center, Affiliate of Anne Arundel Dermatology
1035 Champions Way Ste 100, Suffolk, Virginia 23435

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Virginia Dermatology & Skin Cancer Center, Affiliate of Anne Arundel Dermatology
1069 Centerbrooke Ln, Suffolk, Virginia 23434

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
810 Gleneagles Ct Ste 204, Towson, Maryland 21286

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Rock Creek Dermatology, Affiliate of Anne Arundel Dermatology
3430 Worthington Blvd. Ste 205, Urbana, Maryland 21704

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
2236C Gallows Road Floor 2, Vienna, Virginia 22182

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

McDaniel Laser & Cosmetic Center, An Affiliate of Anne Arundel Dermatology
125 Market St, Virginia Beach, Virginia 23462

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

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Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____

Anne Arundel Dermatology
410 Meadow Creek Dr Ste 205, Westminister, Maryland 21158

Valued Patients/Visitors,

As you know, the outbreak of Coronavirus (COVID-19) has reached across the United States. In order to protect your health and the health of our employees and our community at large, we ask that you answer the following questions. All patients, visitors, and staff members are being screened. A staff member will take your temperature to check for fever. Fever means a temperature of 100.0° F or above. If you have a fever, or if you answer yes to the questions below, you will be asked to reschedule your visit. The front desk staff must have a copy of this form with the chart before the patient is shown to the exam room.

1. Are you currently under a doctor's care or still in quarantine for a positive COVID-19 test?

Yes ____ No ____

2. Are you currently experiencing any of the following symptoms: fever, cough, new onset nasal congestion/runny nose, sore throat, shortness of breath or difficulty breathing, headache, shaking chills, muscle pains, new loss of taste or smell, nausea, vomiting, diarrhea, or any other signs of flu-like illness?

Yes ____ No ____

3. In the past 14 days, have you been in close contact with a person who has tested positive for COVID-19?

Yes ____ No ____

*Office Staff Only**

Patient/Visitor Temperature: _____

Staff Member Printed Name: _____

Staff Member Signature: _____

Please scan patient forms to record and retain visitor forms on site.



Anne Arundel
DERMATOLOGY
and Affiliate Practices

Patient/Visitor Name: _____

Date of Birth: _____

Date of Visit: _____