

## America Homecare COVID-19 Form

By filling out this survey, you will help us get you the care that you need. Please fill it out truthfully as it will help protect our staff, caregivers, and clients. **All fields are required.**

**Following New York state law, face masks are required for in-office visits. Please consider phone calls, email, or chat options for non-emergencies.**

**We're always here to help!**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your temperature over 100.4 degrees?  Yes  No

Is anyone in your home experiencing symptoms of COVID-19?  Yes  No

Have you knowingly been in close contact in the past 2 weeks with anyone with a COVID-19 diagnosis or related symptoms?  Yes  No

Have you been told to self-isolate by a healthcare provider or public health official?  
 Yes  No

Have you traveled to the NYC Metropolitan area or any other designated COVID-19 hotspot or traveled outside the US in the past 2 weeks?  Yes  No

**By signing below, I agree that I have answered all questions truthfully.**

\_\_\_\_\_

Date of signature: \_\_\_\_\_

Additional comments:



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