
COVID-19 Screening Questionnaire

Godbey Law appreciates your cooperation in our efforts to keep you and our staff safe. Before meeting with us in person, please complete this questionnaire and return it to our receptionist at our front desk. Thank you!

1. In the past 30 days, have you or anyone in your home come into personal contact with anyone who tested positive for the COVID-19 virus?

YES NO

2. In the past 30 days, have you or anyone in your home experienced any of the following symptoms?

Fever (100.4 or above) YES NO

Persistent cough YES NO

Sore throat YES NO

Difficulty breathing YES NO

Muscle pains YES NO

Nausea, vomiting or diarrhea YES NO

3. In the past 30 days, have you or anyone in your home travelled outside of the Greater Cincinnati area?

YES NO

If yes, where and what date? _____

I have answered these questions truthfully.

Print Your Name: _____ Phone: _____

Signature: _____ Date: _____