

History of COVID survey

Who took this survey:

_____Mother _____Father _____Both Parents _____Patient

		Yes	No	N/A
1	Has the patient ever tested POSITIVE for COVID-19? If yes, when? _____ where? _____			
2	Has the patient ever been diagnosed with COVID-19 by a medical professional? If yes, when? _____			
3	Has the patient ever been hospitalized overnight for COVID-19 (exclude ER visit)? If yes, when? _____			