



Garrison Family Medical Group

Nurturing mind, body and spirit

**Welcome to Garrison Family Medical Group, Inc
Antelope Valley Urgent Care**

Patient Name: _____ Date: _____

Please read this and respond:

1. Reason for your visit today _____

2. Do you have any of these symptoms? (Circle)

Fever or chills	Cough/dry cough	Shortness of breath	Fatigue
Diarrhea	Muscle/body aches	Headache	Loss of taste or smell
Abdominal pain	Sore throat	Congestion or runny nose	Nausea or vomiting
Tiredness	Aches and pains	Conjunctivitis	Rash
Difficulty breathing	Fatigue	Discoloration of fingers/toes	Chest pain
Loss of speech/movement			

3. Have you or anyone in your household been tested for **COVID-19** in the past month?

YES OR NO

4. Have you or anyone in your household had **COVID-19**? **YES / NO**

5. Have you had 1 or more doses of the **COVID-19 VACCINE**? **YES / NO**

If YES, when 1: _____ 2: _____

6. I do **NOT** have any of those symptoms.

PATIENT SIGNATURE

DATE