



Pre-Procedural COVID-19 Attestation Form

Your physician has ordered a test that is considered a high-risk aerosol-generating procedure (spirometry, exhaled nitric oxide, and/or inhalation challenge). We have taken extra precautions to ensure this procedure is done as safely as possible amidst the COVID-19 pandemic. To help ensure the safety of our staff and other patients, it's important that you are free of any COVID-19 symptoms.

| | |
|---------------------------------------|---|
| Have you received a COVID-19 vaccine? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Date(s): _____ | Which one? Moderna Pfizer-BioNTech Johnson & Johnson Astra Zeneca Other: |

Within the last 2 weeks, have you experienced OR been around a close contact with any of the following symptoms:

| | |
|--|--|
| Fever (100° F or higher)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| New or worsening cough? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| New or worsening shortness of breath? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| New respiratory symptoms, such as sore throat, or runny nose/nasal congestion, that you cannot attribute to another health condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| New headache? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| New muscle aches that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Chills or repeated shaking with chills that you cannot attribute to another health condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| New abdominal pain, nausea, vomiting, or diarrhea? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you had close contact (within 6 feet for more than 15 minutes within a 24 hour time period) with someone who is currently sick or confirmed COVID-19? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you have answered YES to any of the questions, you will need to reschedule your appointment. If you are sick, please reschedule your visit after 10 days AND at least 72 hours after fever is gone and symptoms are better. If you had any recent sick contacts, please schedule for at least 2 wks from last exposure to the sick contact and you must be without symptoms (as listed above).

Patient Name (Printed)

Date

Patient or Parent/Guardian Signature