

## COVID-19 Screening for Visitors

**Bensonhurst**  
6806 Bay Parkway  
(718)236-4352 | fax (718)837-0783

**Elmhurst**  
86-35 Queens Boulevard, Suite 1D  
(718)672-4888 | fax (718)672-4921

**Forest Hills**  
71-19 Austin Street  
(718)268-7709 | fax (718)268-7739

**Fresh Meadows**  
61-30A 190<sup>th</sup> Street  
(718)454-8484 | fax (718)454-8910

**Manhasset**  
433 Plandome Road  
(516)627-0208 | fax (516)627-2929

**Mastic**  
1360 Montauk Highway  
(631)281-2474 | fax (631)281-2476

**Medford**  
1721 North Ocean Ave, Suite A  
(631)732-0822 | fax (631)732-0018

**Murray Hill**  
458 3<sup>rd</sup> Avenue  
(212)696-5990 | fax (929)450-5101

**Port Jefferson Station**  
524 Patchogue Road (Route-112)  
(631)476-4707 | fax (631)476-9632

**Riverhead**  
1224 Ostrander Avenue  
(631)727-2858 | fax (631)727-2866

**Southold**  
44210 Route 48, suite 1  
(631)765-3092 | fax (631)765-3046

**Stony Brook**  
215 Hallock Road  
(631)675-6909 | fax (631)675-6910

**Westhampton Beach**  
200 Montauk Highway  
(631)283-0220 | fax (631)283-0299

**West Islip**  
502 Union Boulevard  
(631)422-2442 | fax (631) 492-9109

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[www.soundvisioncare.com](http://www.soundvisioncare.com)



**To protect everyone, including staff, we are asking all visitors to complete the following questionnaire.**

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

**Date:** \_\_\_\_\_

**Have you in the past 30 days:**

- Traveled to New York from outside of the United States?

YES / NO

- Been in contact with a novel coronavirus (COVID-19) infected person?

YES / NO

**Have you had the following symptoms in the last few days:**

Felt unwell, especially with respiratory symptoms such as cough, high temperature, shortness of breath, or difficulty breathing?

YES / NO

If you answered YES to any of the above questions, we must ask that you leave our office and call 631-727-2858 to reschedule your appointment with reception.

**Patient Signature:** \_\_\_\_\_