

Patient Sticker

Enhanced Screening and Triage – Coronavirus (COVID-19)

Patient Visitor Staff Physician Other _____

In order to assure the utmost safety of our patients and team members, please answer the following questions:

Today's Date: _____ Time: _____ Temperature: _____ °F

Please answer <u>YES</u> or <u>NO</u> to the following questions:	Please <u>circle</u> your response:
Have you had a fever in the last 48 hours or temperature greater than 99.5 °F?	<div style="display: flex; justify-content: space-around;"> <u>YES</u> <u>NO</u> </div>
Have you been in direct contact with anyone with a confirmed case of Covid-19/Coronavirus in the last 14 days?	<div style="display: flex; justify-content: space-around;"> <u>YES</u> <u>NO</u> </div>
If you have had Covid-19 and recovered, have you had at least 2 negative tests and self-isolated for at least 14 days afterwards?	<div style="display: flex; justify-content: space-around;"> <u>YES</u> <u>NO</u> <u>N/A</u> </div>

Have you had in the last 14 days, or are you currently experiencing, any of the following symptoms: (circle all applicable symptoms) Yes No

- FEVER / CHILLS
- COUGH
- RUNNING NOSE
- SHORTNESS OF BREATH
- SORE THROAT
- LOSS of SMELL
- LOSS of TASTE
- NAUSEA / VOMITING
- DIARRHEA
- BODY ACHES
- SEVERE HEADACHE
- FATIGUE

In compliance with government requirements and recommendations, you are advised to

- wash your hands with soap for at least 20 seconds OR
- clean your hands with alcohol based hand rub (ABHR) AND
- wear facial covering AND
- observe social distancing

upon entry into this facility.

Visitor with patient (if applicable): _____

Signature

Screener Signature

Date