

CLIENT HEALTH SCREENING

In-Clinic services: the criteria below must be met for all individuals in the car
At-Home services: the criteria below must be met for all individuals in the household

SYMPTOMS: Have you experienced any of the following symptoms in the last 48 hours that are not consistent with another known health condition you already have? Not consistent means more severe, more or different symptoms, or in *any other way* different than what you normally experience. If due to another health condition, documentation from health professional is required prior to any services.

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|--------------------------|---|
| Fever | Muscle aches not from normal daily activities |
| Cough | New loss of taste or smell |
| Shortness of breath | Diarrhea (3 occurrences in 24 hours) |
| Sore throat | Fatigue level that is unusual for you |
| Chills | Vomiting that lasts for more than 24 hours |
| Congestion or runny nose | Severe headache that is unusual for you |

See "Symptoms" on next page

CLOSE CONTACT: Have you had close contact in the last 14 days with someone diagnosed with COVID-19? Close contact is defined as being within six feet for 15 minutes cumulatively over a 24-hour period .

See "Close Contact" on next page

PROBABLE CASE: Have you had both symptoms and close contact within the 14 days before the onset of symptoms?

See "Probable Case" on next page

CONFIRMED CASE: Have you had a positive diagnosis for COVID-19 in the last 10 days?

See "Confirmed Case" on next page