CORONAVIRUS or COVID-19

PATIENT SCREENING QUESTIONS

Have you or anyone in your household traveled outside of the United States within the past 14 days? If so what country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If China, Korea, Iran, Italy, Japan: **call [INSERT AGENCY NAME AND NUMBER] prior to scheduling or visiting patient**)

NO

Have you had close contact (within 6 ft) of anyone who had travel from China or another high risk country? (If yes call **[INSERT AGENCY NAME AND NUMBER]**)

NO

Have you had contact with anyone with potential /or known COVID-19 exposure? (If yes call **[INSERT AGENCY NAME AND NUMBER]**)

 NO

Are you currently sick or have a fever of greater than 100.4? (If yes call **[INSERT AGENCY NAME AND NUMBER]**)

NO

Remember hand washing for 20 seconds with soap and water is good prevention!!

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_