COVID-19

ACTIVE SCREENING QUESTIONNAIRE

This will be updated as the CDC and information on COVID-19 continues to change.

Your health and well-being are of the upmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the individuals under our care and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Within the last 3 days, have you, or a household member had a temperature at or above 100.4° or hot to touch?

YES
NO

2. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition (asthma, allergies,etc)?

YES
NO

3. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?

YES
NO

4. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?

YES
NO

5. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

YES
NO

- 6. Within the last 14 days, have you had a decrease or change in sense of taste or smell?
 - □ YES □ NO
- 7. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (*Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes*)

YES
NO

If the answer is YES to any of the questions:

- a. You may be taken back immediately to a room to be seen by provider as scheduled.
- b. You will be requested to schedule a virtual/online visit where we can do proper testing. This testing may include a covid-19 test. Testing will be done from your own car, in the back-parking lot of our facility, by medical personnel wearing personal protective equipment.