

COVID-19 Screening Form

Visitors/Staff will be utilizing the following daily health screener to screen Visitors/Staff in the office as they enter.

<input type="checkbox"/>	Visitor has a fever (>100.4 Visitor/Staff >100.0 HCP) AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)
<input type="checkbox"/>	Visitor/Staff has had close contact with a laboratory confirmed COVID-19 within the last 14 days
<input type="checkbox"/>	Vistor/Staff has a fever (>100.4 Visitor/Staff > 100.0 HCP) OR signs/symptoms of lower respiratory illness AND a history of travel from affected geographic regions within 14 days of symptom onset
<input type="checkbox"/>	Vistor/Staff does not meet any any of the above criteria.

VISITORS/STAFF:

If any of the first three boxes are checked, the individual should defer from visiting the office.

Collect the following information:

Name _____ Phone _____ Date _____ Time _____

Current Body Temperature _____

Test Done By _____