

COVID-19 SCREENING FORM

UPDATED MAY 1ST 2020

Please answer the following questions:

Are you immunocompromised? Yes No

Have you undergone recent chemotherapy? Yes No

Do you have an autoimmune disorder (lupus, MS, type I diabetes)? Yes No

Do you have kidney disease? Yes No

Do you have cancer? Yes No

Do you have type 2 diabetes? Yes No

Are you over age 80? Yes No

Do you have lung disease or severe asthma? Yes No

If you answered NO to all questions, then please answer the next set of questions below:

1. Do you have a fever or experienced a fever within the past 14 days? Yes No

2. Have you experienced a recent onset of respiratory problems, such as cough or difficulty in breathing within the past 14 days? Yes No

3. Have you come into contact with a patient with confirmed COVID-19 infection within the last 14 days? Yes No

4. Have you been in close contact with two or more people with fever or respiratory problems within the last 14 days? Yes No

5. Have you recently participated in any gathering, meetings, or had close contact with many unacquainted people? Yes No

YES

If you responded "yes" to any question (even if temperature is below 99.5F), treatment will be rescheduled to 14 days out.*

If you responded "yes" to any question and have a temperature 99.5 or above, you should be immediately quarantined and report to infection control dept of OHA or CDC.

*We also encourage you to self-quarantine for 14 days and report any fever or flu-like symptoms to local health department and contact your primary physician or public health department as soon as possible to determine if you should be seen or tested.

NO

If you responded "no" to all questions and your temperature is 99.5 or above, treatment will be rescheduled to 14 days out.**

If you responded "no" to all questions and your temperature is 99.5 or below, we can proceed with treatment using our customary universal precautions.

**You are encouraged to self-quarantine for 14 days and report any fever or flu-like symptoms to local health dept.

Name

Signature

Date