



Coronavirus/COVID-19 On-Site Screening: All patients and visitors

Patient / Visitor: _____

Date: _____

Temperature: _____

1	Have you had a fever, or a temperature of 100 degrees or higher in the last 14 days?	YES	NO
2	Do you have a cough?	YES	NO
3	Do you have a sore throat?	YES	NO
4	Are you short of breath or have difficulty breathing?	YES	NO
5	Have you traveled to any of the following locations within the last 3 weeks: China, Europe, Iran, Italy, Japan and South Korea?	YES	NO
6	Have you been on an airplane, within the last 3 weeks?	YES	NO
7	Have you come into close contact with someone that has travelled outside of the US within the last 3 weeks?	YES	NO
8	Have you been in contact with someone that has or is under investigation for the Coronavirus/COVID-19 , within the last 14 days?	YES	NO
9	Within the last 14 days, have you had any contact with someone that had a respiratory illness or with symptoms of fever, cough, sore throat or shortness of breathing?	YES	NO
10	In the last 14 days, have you been on a cruise ship or in a setting where crowds are confined to a common location?	YES	NO

If you answer **yes** to any of the above questions, your appointment will be cancelled and rescheduled. Please call your primary physician or go to the nearest urgent care center, for further evaluation. You will need to reschedule your appointment based on physician instructions, after 14 days of clearance, and/or with clearance documentation. This also applies to our visitors and vendor representatives.