GASTROHEALTH
FORMERLY GANV

Coronavirus/COVID-19 Onsite Screening: All Patients, Staff and Visitors

Patient / Visitor:____ **Date**__________________

Temperature: ____

1	**Have you had any testing for COVID-19 in the last 14 days? Was your test negative or positive?**	**YES**	**NO**
2	**Have you had a fever, or a temperature of 100 degrees or higher in the last 14 days?**	**YES**	**NO**
3	**Do you have any of the following : Cough, shortness of breathing, difficulty breathing, chest pain or sore throat?**	**YES**	**NO**
4	**Do you have loss of sense of smell or taste?**	**YES**	**NO**
5	**Have you had a new onset of fatigue or lack of energy?**	**YES**	**NO**
6	**Have you traveled outside of the DMV (D.C., Maryland and Virginia) area in the last 3 weeks?**	**YES**	**NO**
7	**Have you been on an airplane, within the last 3 weeks?**	**YES**	**NO**
8	**Have you come into close contact with someone that has travelled outside of the US within the last 3 weeks?**	**YES**	**NO**
9	**In the last 14 days, have you come into close contact with someone that had a confirmed diagnosis of COVID-19 or with someone that is under quarantine or under investigation of COVID-19?**	**YES**	**NO**
10	**In the last 14 days, have you been in a setting where a group of 10 or more people are confined to a common location?**	**YES**	**NO**
11	**Are you a first responder, healthcare worker, or do you work/volunteer at a hospital, healthcare facility or nursing home?**	**YES**	**NO**

If a patient answers yes to questions 1-10 and is **not** a healthcare worker, the appointment will be cancelled. Patients should call their primary physician for further evaluation. They will need to reschedule future appointments based on physician instructions, after 14 days of clearance, and/or with a clearance documentation. If patient is a healthcare worker without symptoms and answers **yes** to any questions listed between numbers 6-11, **do not** cancel appointment. Immediately notify the department in which patient is scheduled in, for further screening. This screening questionnaire also applies to our visitors and vendor representatives.

Last Updated: 5/12/2020 MB