

COVID-19 SCREENING TOOL

Due to the recent Coronavirus, this is part of our screening process for all patients. I need to ask you these questions:

Have you traveled to China, Europe, South Korea, Italy, Iran, Japan or the United Kingdom within the past 14 days?

Have you been in close contact with a person with confirmed Novel Coronavirus?

Do you have fever, cough, or shortness of breath?

PROVIDE A MASK if patient or visitor reports or appears to have fever, cough, or shortness of breath. Contact Infection Control.

Patient Name:

DATE:

Time:

LE Agency:

Officer:

Badge Number:

Case Number:

Incident Number:

FHS Staff:

Temperature:

Time Out Required:

Notes: