

Screening Patients, Escorts, Support Persons and Visitors for Coronavirus Disease-2019 (COVID-19) ENGLISH

Your care and safety is a top priority. For your protection and the safety of other patients and staff,
please read the questions below and point to your answers for staff to review.

1. Do you have one of the following symptoms (new or worsening)?

- Cough
- Shortness of breath
- Diarrhea
- Loss of smell or taste
- Fever (>100.4 deg F) or feeling feverish
- Chills or body aches
- Sore throat

OR

Have you been diagnosed with COVID-19 in the last 10 days?

- If no** → Give the **patient/escort/support person/visitor** a new surgical mask and continue to next question
- If yes** → Give the **patient/essential escort/support person** a new surgical mask and await further instructions (see below)
- If yes** → The **visitor/escort (*not an essential escort*)** cannot visit and should leave the facility

2. Have you been in contact with someone who has been diagnosed with COVID-19 in the last 10 days?

- If no** → Ensure **patient/essential escort/support person/visitor** has a new surgical mask and continue with visit
- If yes** → Ensure **patient/essential escort/support person** has a new surgical mask and await further instructions (see below)
- If yes** → The **visitor/escort (*not an essential escort*)** cannot visit and should leave the facility

ACTIONS for STAFF: For patients: If **YES to question 1 or 2:** Priority for rooming and/or being seen in local designated COVID-19 care location
For essential escorts/support persons: If **YES to question 1 or 2:** Contact clinic for further instructions
For visitors/escorts (not essential): If **YES to question 1 or 2:** Visitor/escort cannot visit and should leave the facility