

CORONAVIRUS SCREENER

Patient Name: _____

Account No: _____

Physician: _____

Nurse: _____

Have you traveled ANYWHERE via public transportation (ie train, bus, plane) within the past 14 days?

- Yes
 - Reschedule appointment - no exceptions**
 - Urgent appointments need directed to nearest ER**
- No
 - Move to next series of questions

Have you been in contact with someone under investigation for, or with a confirmed case of the coronavirus?

- Yes
- No

Do you currently have a fever?

- Yes
- No Temperature taken today at AWH _____

If yes, what was your temperature the last time you took it? _____

Are you currently experiencing any of the following symptoms?

- Cough
- Runny nose
- Sore throat
- Shortness of breath
- Diarrhea
- Loss of smell

If the patient indicates they have one or more symptoms, when did these symptoms begin? _____

Patient's Signature

Date