



Patient COVID-19 Screening Questionnaire

For Use at MedStar Health Ambulatory Locations

PT NAME _____ DOB _____ PHONE _____

1. In the past 10 days, have you experienced any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Fever/feel feverish | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> New or worsening cough or shortness of breath | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Sudden loss of taste or smell | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Chills | <input type="checkbox"/> No symptoms |

Reminder: MedStar Health associates with COVID-19 symptoms should call 1-844-354-3705 to notify Occupational Health.

2. Have you tested positive, been diagnosed with, or have pending test results for COVID-19 in the past 10 days?

- Tested positive
- Diagnosed with COVID-19
- Awaiting results of a COVID-19 test
- No

3. Were you hospitalized for COVID-19 within the past 20 days?

- Yes
- No

4. Do you live with or were in close contact with someone who tested positive, was diagnosed with, or has outstanding test results for COVID-19 in the past 24 days?

- Yes – Someone I live with has/might have COVID-19
- Yes – Someone I was in close contact with has/might have COVID-19
- No

OFFICE USE ONLY

If **NO** to all the above, patient may continue with appointment as scheduled.

If **YES** to any of the above (**COVID-19 Alert – positive screen**):

- Immediately contact a provider or triage nurse to determine if visit may proceed in-person (visit may have to be rescheduled as telehealth visit or delayed).
 - If **YES to QUESTION 1 ONLY** (symptoms), visit may proceed as scheduled if a provider cannot be consulted in a timely fashion. Alert staff to wear appropriate PPE, give patient a procedural mask to wear over the mouth and nose, and have the patient escorted to an exam room.
 - If **NO to QUESTION 1 and YES to QUESTION 2, 3, or 4**, provider **MUST** determine whether visit should proceed in-person or be rescheduled as a telehealth visit or delayed in-person visit. Give patient a procedural mask to wear over the mouth and nose and have them remain in the waiting room physically distanced from others. **SEEK PROVIDER INPUT PROMPTLY TO MINIMIZE TIME IN WAITING ROOM.**