First Point of Contact Screening

Patient Name_____ **Date**_____
Please print full legal name

We are committed to providing the safest environment for our patients and together we can prevent the spread of germs. Please complete the questionnaire below. If you answer yes to any of the questions, please be considerate of others and act appropriately such as covering your cough, washing your hands, and covering any open wounds.
For the protection of our patients, we gladly supply and encourage the use of tissue, masks, hand sanitizer, and Band-Aids.

1. Do you have any of the following symptoms?
   If yes, please circle the symptoms you have now, or have had, over the past seven days?

• **Fever**	☐ **YES/NO** ☐
• **Night sweats**	☐ **YES/NO** ☐
• **Sneezing or runny nose**	☐ **YES/NO** ☐
• **Cough**	☐ **YES/NO** ☐
• severe headache	☐ YES/NO ☐
• stiff neck	☐ YES/NO ☐
• muscle or joint pain (circle one or both)	☐ YES/NO ☐
• new rashes or open sores on your skin or in your mouth	☐ YES/NO ☐
• redness, swelling, or discharge of your eyes (pink eye)	☐ YES/NO ☐
• unexplained bleeding	☐ YES/NO ☐
• vomiting or diarrhea	☐ YES/NO ☐

2. In the past three weeks, have you traveled outside the U.S.? ☐ YES NO ☐
   If yes, please list where: _____

3. In the past three weeks have you had close contact with someone who has traveled outside the U.S.? ☐ YES NO ☐
   If yes, please list where: _____

4. In the last four weeks have you had:

• Any known exposure to TB?	☐ YES/NO ☐
• Chronic productive cough lasting more than three weeks?	☐ YES/NO ☐
• Night sweats/Chills/Fever?	☐ YES/NO ☐
• Bloody Sputum?	☐ YES/NO ☐
• Unexplained weight loss?	☐ YES/NO ☐
•	

If you answered **YES** to any question in section 4, the front desk will be escorting you to a room in the back office for further questioning regarding your symptoms.

Thank you for your help and support in caring for our patients and community

TO BE FILLED OUT BY OFFICE STAFF

Reviewed by:_____

Action taken:

- ☐ No action taken
- ☐ Isolate
- ☐ Cough/ hand washing etiquette provided
- ☐ Mask provided
- ☐ PM/Clinical Lead notified
- ☐ MD notified