



COVID Screening Questionnaire for Visitors/Parents (Pre-Visit)

Use this tool 72 hours (or less if your practice uses a different interval) for patient (practices who are not on Epic) and/or for visitors or parents. If patient, visitor, or parent answers **YES to any of these questions connect them to a clinician.**

1. In the past 10 days, have you been diagnosed with COVID-19? (Yes/No)
2. In the last 14 days, have you had close contact* with someone with COVID-19? (Yes/No)

*Close contact is defined as spending 15 minutes or more within 6 feet of someone currently infected with COVID-19.

***NOTE** that healthcare workers wearing appropriate PPE caring for COVID-19 patients are not considered exposed.

3. Do you have any of the following **NEW** or progressive symptoms?
 - Fever
 - Cough
 - Shortness of breath
 - Muscle aches
 - Runny nose/nasal congestion
 - Sore throat
 - Loss of smell or taste