



For questions about screening criteria, please
forward an HICS 213 to Operations Chief at System IC.

Registration:
SCAN FORM TO
PATIENT CHART

CURRENT COVID-19 Guidance - last updated January 20, 2021

Patient Screening Guidelines

Print Patient's LEGAL Name:

Last

First

Middle

Sex: _____ Date of Birth _____/_____/_____ Appointment Type _____

Observable or Self-Reported Symptoms and Exposures:

- ☐ Patient currently has a fever of 100°F or higher. Screening Temperature: _____
- ☐ Patient has had fever greater than 100°F in the last 24 hours; or has medicated to treat a fever over 100°F in the last 4 hours.
- ☐ Cough or shortness of breath, new or worsening within last 7 days.
- ☐ Patient is awaiting confirmation of a COVID-19 laboratory result.
- ☐ Patient has tested COVID positive within the past 30 days and does not have a letter of release from the health department.
Release date of letter provided: _____
- ☐ Patient has been instructed to self-quarantine by the health department.
- ☐ In the past 14 days, patient has been closer than 6 feet for more than 15 minutes to a person confirmed to have COVID-19, and at least one person was not masked. (Excludes health care workers wearing recommended PPE during patient care.)
- ☐ At least **TWO** of the following symptoms, if **NEW** within the past 7 days (mark symptoms reported):
 - ☐ sore throat ☐ headache ☐ runny nose ☐ loss of taste or smell ☐ fatigue ☐ muscle aches or pain
 - ☐ nausea ☐ vomiting ☐ nasal congestion ☐ diarrhea ☐ chills ☐ repeated shaking with chills

**ANY ONE box checked above indicates
the patient's visit should be rescheduled.**

Screener Completing Form:

Name _____ Date/Time _____

Print Name