

# Patient & Visitor Screening Guidelines

## Screening Questions

- » Have you had a fever of 100°F or higher in the last 24 hours?
- » Have you tested positive for COVID-19 in the past 30 days?
- » Have you been exposed to a person confirmed to have COVID-19 in the last 14 days?
- » Have you experienced **two or more** symptoms, new or worsening in the last 7 days:
  - » cough or shortness of breath
  - » sore throat
  - » headache
  - » runny nose
  - » loss of taste/smell
  - » fatigue
  - » muscle aches or pain
  - » nausea, vomiting, or diarrhea
  - » nasal congestion