

# PATIENT AND VISITOR SCREENING FORM

OSHA requires our healthcare facility to screen ALL individuals prior to entry.

*Form must be completed on the DAY of your visit/appointment.*

*One form per individual required. No Visitors or Children are allowed entry at this time.*

*If completed at home, please bring your form to our office along with your own facemask.*

**YOUR NAME:** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_

1. Have you experienced any of the following symptoms of COVID-19 within the last 48 hours?

- Fever greater than or equal to 100.4 degrees
- New, unexplained cough associated with shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell without any other explanation
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- NO, I have had none of these symptoms

**NOTE:** If you checked ANY of the above boxes stating you have had symptoms, please phone our office at 912/790-4000 and reschedule your appointment. If you are a visitor, please do not enter our facility.

2. Have you been diagnosed with COVID-19 by a licensed healthcare provider in the past 10 days?

- Yes
- No

**NOTE:** If you checked YES on any of the above boxes, please phone our office at 912/790-4000 and reschedule your appointment. If you are a visitor, please do not enter our facility.

3. Have you tested positive for COVID-19 in the past 10 days?

- Yes
- No

**NOTE:** If you checked YES on any of the above boxes, please phone our office at 912/790-4000 and reschedule your appointment. If you are a visitor, please do not enter our facility.

4. Are you currently awaiting results from a COVID-19 test?

- Yes
- No

**NOTE:** If you checked YES on any of the above boxes, please phone our office at 912/790-4000 and reschedule your appointment. If you are a visitor, please do not enter our facility.

5. Have you been told you are suspected to have COVID-19 by a licensed healthcare provider in the past 10 days?

- Yes
- No

**NOTE:** If you checked YES on any of the above boxes, please phone our office at 912/790-4000 and reschedule your appointment. If you are a visitor, please do not enter our facility.

6. Have you been exposed to anyone that currently has active COVID-19?

- Yes
- No

**NOTE:** If you checked YES on any of the above boxes, please phone our office at 912/790-4000 and reschedule your appointment. If you are a visitor, please do not enter our facility.