COVID-19 Screening Survey
(NWH, EVG, ISQ, PEN)

1. Do you have any of the following symptoms?

☐ Fever
☐ Chills
☐ Cough
☐ Sore throat
☐ Shortness of breath
☐ Chest tightness
☐ Loss of smell or taste
☐ New onset of diarrhea
☐ Congestion (stuffy nose)
☐ Runny nose
☐ Muscle aches and pains

2. Have you tested positive for COVID-19 in the past 30 days?

➢ If No to question 1 or 2 --> All patients require a mask.

➢ If asymptomatic, they can proceed with their personal mask or be given a procedure mask if they do not have one. Patient may wait in the waiting area.

➢ If Yes to question 1 or 2 --> Instruct the patient to put on a clean procedure mask (make sure it covers their mouth and nose). If patient arrived with their personal mask, instruct them to remove and safely store it.