

**INFECTIOUS DISEASE SCREENING: PATIENTS AND VISITORS**

TO BE COMPLETED BY ALL PATIENTS AND VISITORS ENTERING THE FACILITY

***You must answer all questions***

1. Have you been diagnosed with COVID-19 or been advised/directed to begin testing/  
monitoring/quarantine for COVID-19 in the last 14 days?  
 No  Yes
  
2. Has someone in your household, or someone with whom you have been in close contact, been  
advised/directed to begin testing/monitoring/quarantine for COVID-19 in the last 14 days?  
 No  Yes
  
3. Are you OR anyone you are in close contact with currently experiencing ANY of the following  
symptoms in the past 14 days?  
  
Fever (greater than 37.78°C or 100.0°F)  No  Yes  
Severe headache  No  Yes  
Diarrhea/Vomiting/Abdominal Pain  No  Yes  
Respiratory illness  No  Yes  
New or worsening cough  No  Yes  
Sore throat  No  Yes  
Shortness of breath  No  Yes  
Loss of smell  No  Yes  
Loss of taste  No  Yes  
Unexplained hemorrhage (bleeding or bruising)  No  Yes  
Fatigue  No  Yes  
Generalized muscle aches, weakness or skin changes  No  Yes

Patient  Visitor

*If patient, please provide date of birth:* \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Screener's Initials

\_\_\_\_\_  
Management Use (if applicable)

**SCOI COVID-19 Visitor Policy**

*In order to control the number of people in our SCOI areas and minimize exposure and to be able to comply with physical distancing, any SCOI patient is not allowed to bring a visitor with them into any SCOI facility unless they require a caregiver or assistant due to disability or unless they are under age 18 and require an adult. In these instances, only one visitor is allowed. Anyone else is unnecessary and can be communicated with via telephone/email/telehealth. Any other visitors that accompany the patient will be instructed to wait outside our facilities or in their vehicles.*