

## COVID-19 SCREENING

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that per CDC and Department of Health guidelines, patients and staff are now required to wear face masks. While I have a limited supply of disposable surgical masks to provide to patients, you are encouraged to bring your own; homemade cloth masks are acceptable.

### PLEASE ANSWER THE FOLLOWING QUESTIONS. CHECK ALL BOXES THAT APPLY.

- Exposure to individual with a lab-confirmed case of COVID-19 within the last 14 days

**In the last 48 hours**, have you experienced:

- Fever over 100.5° F/38°C
- New cough, shortness of breath, or difficulty breathing
- New loss of sense of smell or change in taste

If you have checked any of the boxes listed above, unfortunately I cannot treat you at this time. Please contact your primary care provider. If you do not have a healthcare provider, call the King County COVID-19 hotline between 8 AM-7 PM PST at 206-477-3977.

**In the last 48 hours**, have you experienced:

- New changes in skin (rash, discoloration of extremities)
- New chills, feeling cold, shivering
- New headache
- New fatigue
- Sore throat
- Nausea and/or vomiting
- Diarrhea
- New nasal congestion or runny nose
- New body or muscle aches

If you checked any of the above-listed boxes, please contact me directly to follow-up with a phone screening prior to your visit.

I acknowledge that the information provided above is correct:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

While on the premises of the clinic, I agree to the following (please initial):

\_\_\_\_\_ Maintain a distance of 6 feet from others whenever possible

\_\_\_\_\_ Wash hands for 20 seconds before & after checking in/out at the front desk, before & after treatment, and before & after using the restroom

\_\_\_\_\_ To maintain hand hygiene at all other times by using hand sanitizer or by washing for 20 seconds

\_\_\_\_\_ To practice proper cough & sneeze etiquette by coughing/sneezing into my elbow, and to give warning to others before coughing & sneezing, so they may maintain a safe distance

\_\_\_\_\_ Remain in areas designated for my visit, and to not wander about the facility

\_\_\_\_\_ Immediately notify the clinic at 206-947-2134 if I develop symptoms of COVID-19 within 14 days of my last visit.