COVID-19 Screening Questionnaire

1. Have you or has anyone in your house been tested for COVID-19 coronavirus in the past 14 days?
   - ☐ No
   - ☐ Yes
   - If YES,
     1. What the date of your test? ________________
     2. What were the results? ________________

2. Have you or has anyone in your house had contact with someone who was diagnosed with COVID-19 coronavirus in the past 14 days?
   - ☐ No
   - ☐ Yes
   - If YES,
     What was the date of exposure to that person? ________________

3. Have you or has anyone in your home had fever, felt hot or feverish in the last two days?
   - ☐ No
   - ☐ Yes
   - If YES,
     1. Were you able to measure the temperature with a thermometer? ☐ Yes ☐ No
     2. If YES, what was the temperature? ________________
     3. When was the date it was measured? ________________

4. Are you or is anyone in your home experiencing shaking, chills, sweating or feel very warm to the touch?
   - ☐ No
   - ☐ Yes
   - If YES,
     1. When did symptoms begin? ________________
     2. Was fever-reducing medication given? ________________

5. Have you or has anyone in your home recently been experiencing shortness of breath?
   - ☐ No
   - ☐ Yes
   - If YES,

6. Do you or does anyone in your home have a cough?
   - ☐ No
   - ☐ Yes
   - If YES,
     1. Have you or this person been coughing up any blood? ☐ Yes ☐ No
     2. If YES, how much blood? ________________

7. Have you or has anyone in your home been on a cruise within the last 14 days?
   - ☐ No
   - ☐ Yes

UCA TEAM MEMBERS: If all responses are NO, the patient may be scheduled for an appointment.

For any YES response(s), please forward appropriately to the following:
- Phone Triage Nurse if appointment is being scheduled via telephone or patient portal
- Physician’s Nurse if patient is in-house for further evaluation and follow-up with physician

____________________________________________________
Patient Name (Printed)                      Date of Birth

____________________________________________________
Patient/Visitor Signature                    Date

____________________________________________________
UCA Team Member Signature                   Date

Revised 4/8/2020