

Patient Name _____

Date _____

We are committed to providing the safest environment for our patients. Together we can prevent the spread of germs.

Please complete the questionnaire below. If you answer yes to any of the questions, please be considerate of others and act appropriately such as covering your mouth or nose when you cough, washing your hands, and covering any open wounds.

To help protect your health and the health of all our patients, we will gladly give you tissue, masks, hand sanitizer, and Band-Aids.

1. Have you had flu or flu like symptoms (fever, sore throat, cough or runny nose) in the past week?
YES NO
2. In the past three weeks, have you:
Traveled outside the U.S.? YES NO
 - If yes, has it been to one of these West African countries: Guinea, Liberia, Nigeria, Sierra Leone, Congo, other: _____
 - If not a West African country, please list where: _____Or, had close contact with someone who has traveled outside the U.S? YES NO
 - If yes, was it a West African country: Guinea, Liberia, Nigeria, Sierra Leone, Congo, other: _____
 - If not a West African country, please list where: _____
3. Do you have history of Tuberculosis or been exposed to Tuberculosis? YES NO
 - If yes, in the last four weeks have you had any of the following symptoms? YES NO
 - night sweats
 - unexplained weight loss
 - bloody cough
4. Are you currently experiencing earache, sinus or eye infection? YES NO
5. Have you had a "new onset" of multiple episodes of diarrhea in the last week or currently experiencing diarrhea **not** related to a chronic condition (i.e. irritable bowel, ulcerative colitis or Crohn's Disease)? YES NO
 - If yes, how many episodes per day: _____
6. Have you been told that you have a drug resistant staph infection (ex. MRSA)? YES NO
 - If yes, do you currently have any open sores or wounds on your mouth or skin?
7. Do you have any "new" skin rashes / irritations? YES NO

Thank you for your help and support in caring for our patients and community.

Thank you for trusting us with your healthcare!

To be filled out by the office staff

Reviewed by: _____

Action taken:

- No action taken
- Isolate
- Cough/ hand washing etiquette provided
- Mask provided
- PM/ Lead clinical provided

Thank you for trusting us with your healthcare!