**Patient Label**

**Red Lion Surgicenter**

**Covid-19 Screening Tool**

**Pre-screen Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Printed Name of Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you, the patient, or anyone else who lives in the child’s/patient’s house WITHIN THE PAST 2 WEEKS either been exposed to someone diagnosed with COVID-19 or had any of the following symptoms:

**Patient**

Fever ≥ 100.4 ⁰F

Sore throat

New loss of taste or smell

Chills or shaking chills

Cough or shortness of breath

Fatigue, muscle or body aches

Abdominal pain

Nausea/vomiting

Diarrhea

Headaches

Pink eye or rash

□ Yes □ No

**All other household family members**

Fever ≥ 100.4 ⁰F

Sore throat

New loss of taste or smell

Chills or shaking chills

Cough or shortness of breath

Fatigue, muscle or body aches

Abdominal pain

Nausea/vomiting

Diarrhea

Headaches

Pink eye or rash

□ Yes □ No

If “yes” to any of these questions, postpone procedure for at least 2 weeks and advise to follow-up with PCP.

**On Date of Service**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Screened by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Upon arrival

Parent temperature: \_\_\_\_\_\_\_\_\_\_\_ ⁰F □ Parent used hand sanitizer

Child / patient temp: \_\_\_\_\_\_\_\_\_\_\_ ⁰F □ Child used hand sanitizer

The parent accompanying the child/patient is then asked about either exposure to someone diagnosed with COVID-19 or any of the following symptoms WITHIN THE PAST 2 WEEKS:

If “yes” to any of these questions, or for any temperature ≥ 100.4 ⁰F, the patient/parent are sent home immediately and advised to follow-up with their PCP. Interpreter services should be used, as per Center policy, if necessary.

**Patient**

Fever ≥ 100.4 ⁰F

Sore throat

New loss of taste or smell

Chills or shaking chills

Cough or shortness of breath

Fatigue, muscle or body aches

Abdominal pain

Nausea/vomiting

Diarrhea

Headaches

Pink eye or rash

□ Yes □ No

**All other household family members**

Fever ≥ 100.4 ⁰F

Sore throat

New loss of taste or smell

Chills or shaking chills

Cough or shortness of breath

Fatigue, muscle or body aches

Abdominal pain

Nausea/vomiting

Diarrhea

Headaches

Pink eye or rash

□ Yes □ No

***5/5/20***