

Health Screening Questionnaire

For Patients and Visitors: If yes to any question:

- Provide patient a mask and send patient to a private room
- Provider to wear PPE: Gown, gloves, mask with face shield
- N95 if obtaining COVID-19 sample

Temperature	No	Yes
Temp>100.1 Temp: <input type="checkbox"/> Reported <input type="checkbox"/> Temporal scan result _____	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms		
Recent/new onset cough (not related to allergy or COPD)	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion (not related to allergies or sinus infections) + fever	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset sore throat (not related to allergy) + fever	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset shortness of breath (not related to chronic disease)	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset diarrhea and fever	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Exposure		
Have you or are you living with someone that is quarantined or furloughed related to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with an individual positive or under investigation for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled internationally or to WA, CA, La., or NY last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

For Employees: If yes to any question:

Symptoms	Actions Required	
<input type="checkbox"/> Fever only	Go home	Call manager
<input type="checkbox"/> GI + Respiratory	Go home	Call manager
<input type="checkbox"/> Exposure + Any symptom	Go home	Call manager
<input type="checkbox"/> GI symptoms only	Self-monitor	Wear a Mask
<input type="checkbox"/> Respiratory symptoms only	Self-monitor	Wear a Mask
<input type="checkbox"/> Exposure only	Self-monitor	Wear a Mask

*Employees that have returned from **travel in the last 14 days** should notify Employee Health.

*Travel to Washington State, Louisiana, California, or New York require Employee Health to be notified, a mask to be worn while at work, and self-monitoring twice daily for temps ≥ 100.1 or any other COVID-19 related symptoms. All temps should be shared with EH daily during self-monitoring and the employee must call Employee Health for a phone screening prior to discontinuing mask at day 15.

*Travel to any state other than those listed above require self-monitoring, however, no mask is required while working.

Name if patient, visitor or employee with + screening: _____

Initials of screener: _____

Screening Questionnaire Guidelines

- All patients, visitors and employees must be screened before entering the clinic or building; this involves a verbal screening of symptoms, recent travel and temperature checks. The questionnaire should be used as a guide during screening
- The “Health Screening Questionnaire” written completion is only required when an individual screens positive
- **The Health Screening Questionnaire IS NOT part of the patient’s medical record.**
- Temporal thermometers (when available) should be used for screenings
- Log all positive screenings via the following form:
<https://app.smartsheet.com/b/form/ab294b68dd5048e893faceba9f89dee6>
- If patient’s results are positive, report the case to the Health Department

Additional Resources

- Employee Health: 713-500-3267 (800-770-9206 24 hours)
- UT Physicians Infection Prevention: 713-500-5822 or 713-500-5849
- If sending the patient home, please review CDC guidance on home care
<https://www.cdc.gov/coronavirus/2019-ncov/guidance-home-care.html>
- If calling 911 to refer patient to a higher level of care, inform ambulance driver and hospital of suspect COVID-19 case