

Name:

Date:

## Respiratory Illness Signs & Symptoms Questionnaire

| Please answer YES or No to the following questions:   |        |
|---|--------|
| Have you recently felt feverish? Current or Recent Fever greater than 100.4 (38°C)  | YES NO |
| Sore Throat   | YES NO |
| Cough (not related to allergy or COPD)  | YES NO |
| Body Aches  | YES NO |
| Rash  | YES NO |
| Shortness of Breath   | YES NO |
| Nasal congestion (not related to allergies or sinus infections)   | YES NO |
| Have you been in close contact with any person who may be sick with an influenza-like illness, coronavirus, Ebola, measles, MERS, SARS or TB? | YES NO |
| Have you or anyone close to you traveled outside the US in the past 30 days?  | YES NO |
| If YES: Name of Country and When  |        |

**All patients, visitors, physicians, colleagues, and vendors should be screened upon entry to the surgery center.**

- Review the COVID-19 Screening Process for how to safely proceed with patients.
  - Document screening process in nursing notes.
- Visitors answering yes to any of the above should not remain in the surgery center.
  - If you are a patient's ride, we ask that you leave your cell phone number and wait in your car until you hear from a nurse that the patient is ready.
- Physicians, colleagues, and vendors answering yes to any of the above should not work until symptoms are resolved