

**PATIENT SCREENING PRIOR TO ELECTIVE OR
EMERGENCY PROCEDURE**

TEMPERATURE:

Patient Name:	DOB:	
Home Address:		
Phone Number:		
Do you have any respiratory symptoms? If yes, ensure the patient is wearing a mask.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List symptoms:		
Have you traveled outside of the US in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where did you travel?		
Areas of concern: China, Iran, Italy, Japan, South Korea		
Have you been in close contact with a patient with COVID-19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Close contact: within 6 feet of symptomatic patient		
Information reviewed by:		
For positive responses to travel or close contact AND symptoms, contact your local or state health department.		
Phone for local health department: 336-641-3245		
Phone for state health department: 919-855-4800		