

ALLEN

FAMILY VET

COVID-19 Screening Form

First point of contact should screen the patient/visitor and check any boxes that apply.

has a fever (>100.4) AND signs/symptoms of acute illness
(e.g. cough, difficulty breathing, sudden loss of taste or smell,
sore throat, body aches)

has had close contact with someone with confirmed
or suspected COVID-19 within the last 14 days

has more than one symptom of acute illness (e.g. cough, difficulty
breathing, sudden loss of taste or smell, sore throat, body aches)

does not meet any of the above criteria

Visitors:

If any of the first three boxes are checked, the visitor should be advised to defer visiting the facility. If the visitor refuses, contact the administrator on call.

Patients:

If any of the first three boxes are checked, place a mask on the patient and collect the following information.

Name _____ Date _____

Phone _____ Time _____

**Send the patient to
following established routes.**