

Patient Screening Questions

Have you tested positive for COVID-19?

Are you in contact with any confirmed COVID-19 positive patients?

Are you having new shortness of breath or other difficulties breathing?

Do you have fever or have you felt hot or feverish recently (14 to 21 days)?

Have you taken any fever reducing medication?

Do you have a cough?

Are you having any other flu like symptoms such as G.I. upset, headache or fatigue?

Have you experienced recent loss of taste or smell?

Is your age over 60?

Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

Have you traveled in the last 14 days to any regions affected by COVID-19?

Do you reside in a nursing home, senior living center or other type of group home?