



THE SCOTT®

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SCREENING QUESTIONS: Any of the below may be symptoms of COVID-19

Do you have **ANY** of the following symptoms?

- Fever (subjective) or measured >100.0 °F Yes No
- Cough Yes No
- Shortness of breath or difficulty breathing Yes No
- Chills Yes No
- Muscle Pains Yes No
- Headache Yes No
- Sore throat Yes No
- New loss of taste or smell Yes No

Date: _____

If all of the above are “No”, allow access:

- Wash your hands or use alcohol-based hand sanitizer for 20 seconds frequently
- Cover your nose and mouth when coughing and sneezing
- Wear your mask at all times
- Limit your interactions with others in the facility

If any of the above are “Yes”: Ask if the person is seeking medical care for the above symptoms?

If Yes: Direct to the Emergency Department or Urgent Care and call ahead to make them aware of patient coming for care

If No: Ask the person to go home: “For the safety of our employees and patients, visitors and staff members who have any of the above symptoms may **NOT** enter the facility.”

WHAT TO DO IF YOU ARE SYMPTOMATIC

Visitors: Please contact your primary care physician to determine whether you are eligible for COVID-19 testing. You may be advised to self-isolate or quarantine. Please refer to CDC.gov.

Staff: Please put on a mask immediately. You are advised to go home and self-isolate. Notify your direct supervisor.