

| Scren Questions Answered "Yes" | Consider  |
|--------------------------------|---|
| Question: 1-4                  | Postpone non-emergent treatment and provide emergent treatment only if the office is prepared and equipped to do so.  |
| Question: 5                    | Local prevalence rate will be relevant, and a risk analysis should be performed. Dependant on "Hot Zones" "Red Zones" |
| Question: 6                    | Schedule the patient first thing in the morning when no other patients are present                                    |

Patient Name: \_\_\_\_\_

Temperature: \_\_\_\_\_

1. Have you tested positive for COVID-19 in the past month or have been advised by your physician or local public health department to self-isolate?  
 YES NO
  
2. Do you currently have or recently developed (within 10-14 days) any of the following symptoms:  
 YES NO Fever above 37.8-38.0 degrees Celsius) or feeling hot, chills/feverish  
 YES NO New onset of shortness of breath or other difficulties breathing  
 YES NO New cough or worsening of a chronic cough  
 YES NO New onset of flu-like symptoms such as stomach upset diarrhea, headache, fatigue or sore throat  
 YES NO Recent alteration or loss of taste or smell  
 YES NO Any new, unusual symptoms, e.g., feeling unwell, or sudden onset of runny nose, pink eye (conjunctivitis)
  
3. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19 without wearing proper PPE? (Healthcare workers who have worn appropriate PPE may answer NO)  
 YES NO
  
4. Have you travelled in the past 14 days out of the country or to any COVID-19 hot spots?  
 YES NO
  
5. In past 14 days, have you been to any large gathering where social distancing was not observed?  
 YES NO
  
6. Do you have heart, lung or kidney disease, diabetes, or any auto-immune disorder?  
 YES NO