

## Screening Questions for Staff to ask Patients

Screening questions		Recommendation
Have you or someone you have had close contact with, tested positive for Covid-19?	Yes	Consider alternatives to face to face appointment/therapy
	No	Proceed with care
In the last 48 hours have you had any of the following symptoms: Fever, cough, Shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting, diarrhea, and/or sore throat.	Yes	Face to face appointment/therapy should only occur if absolutely necessary.
	No	Proceed with care
Are you a healthcare worker, first responder, work or live in a long term care facility or other congregate living setting (prisons, shelters), or a work place that has been identified as having a Covid-19 outbreak?	Yes	Consider alternatives to face to face appointment/therapy
	No	Proceed with care

- *All individuals entering healthcare facilities should be masked or wear a face covering.*
- *Individuals who answer yes to any of the above should wear surgical mask if appointment/therapy is deemed necessary.*