PORTER STARKE SERVICES
Health • Balance • Hope

COVID-19 (Coronavirus) Outpatient Screening

Due to worldwide health concerns related to the COVID-19 virus, all clients are asked to complete this prior to their appointment. This tool, the screening criteria, and recommended precautions are subject to change based on new information from the Centers for Disease Control and Prevention (CDC).

Client Name: _____ Date: _____ Time: _____ AM/PM

For clients:

RECENT EXPOSURES

1. Have you come in close contact (within 6 feet) with anyone suspected of having COVID-19, or have you cared for someone suspected of having COVID-19, within the last **14 days**? ❑ No ❑ **Yes**
2. Have you or anyone in your household been tested for COVID-19 within the last **14 days**? ❑ No ❑ **Yes**

   If Yes, please state the person(s) and results: _____

SYMPTOMS

3. Have you experienced any of the following symptoms in the last **ten days**?

Temperature of >100°F Include feeling feverish.	❑ No	❑ **Yes:**	Describe: _____
New Loss of Taste/Smell	❑ No	❑ **Yes:**	Describe: _____
Cough	❑ No	❑ **Yes:**	Describe: _____
Shortness of Breath	❑ No	❑ **Yes:**	Describe: _____
Fatigue	❑ No	❑ **Yes:**	Describe: _____
Muscle/Body Aches	❑ No	❑ **Yes:**	Describe: _____
Nausea/Diarrhea	❑ No	❑ **Yes:**	Describe: _____
Sore Throat/Congestion	❑ No	❑ **Yes:**	Describe: _____
Other Flu-like Symptoms	❑ No	❑ **Yes:**	Describe: _____

For staff:

Based on the responses provided, select a plan of action.

- See client in person, with at least 6 feet of distance and all parties mask compliant. Clean any shared spaces between appointments.
- Remove client from building quickly and safely, making other arrangements by phone. Refer client to telehealth or re-schedule the service.
    - Contact your supervisor with any concerns.