

Physician Skin Solutions COVID-19 Screening Form

Patient Name: _____ Date: _____

Appt Time: _____ Appt: _____

Provider	
Dr Maltais	
Sarah Kirk	
Nicole Konrath	
Anjulie Balderston	
Miranda Hay	
Sabrina Cabrera	

1. Do you have or have had any of the following symptoms in the last 14 days?

- Fever Sore throat Cough Shortness of Breath
 Loss of Taste or Smell Vomiting/Diarrhea Muscle Pain
 Repeated shaking with chills Repeated shaking with chills

2. Have you had direct contact with a person confirmed or suspected to be positive for COVID-19 in the last fourteen days? No Yes

3. Have you worked in facilities or locations with recognized COVID-19 cases? No Yes

If YES, have you worked with a person(s) with confirmed COVID-19?

4. Have you traveled out of the state or country OR been in close contact with someone who has within the last 21 days No Yes

If yes, was it to any of the following countries or locations: They include: China, Hong Kong, Iran, South Korea, Russia, Italy, Japan, Macau, or Europe No Yes

If yes, was it to any of the following locations: Seattle/King County, Westchester County in New York, San Francisco or Los Angeles areas in California, Chicago land area in Cook County Illinois, Michigan, Miami-Dade County in Florida, New Orleans area in Louisiana or anywhere in the North-East part of the country, or Cruise Ship No Yes

Area Traveled: _____ Date Returned Home: _____

5. To the best of your knowledge, are you low risk for COVID-19? No Yes

6. Are you considered part of the vulnerable population to COVID-19? No Yes

We have the following requests:

- ✓ You do not shake hands with, touch, or hug individuals during your visit.
- ✓ You always wear a face-covering, when possible
- ✓ Upon entry and after your appointment at check-out, you use hand sanitizer. There are touchless pumps in the front and both check-outs.

Office use Only-----

Check temperature and document results: _____ Fever present?

Is the patient cleared for the appointment? No Yes Employee Initials _____

All Treatment Consents are in TouchMD? No Yes Employee Initials _____

COVID-19 Consents are in TouchMD? No Yes Employee Initials _____

If no for consents, have you had them sign before the appointment?

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Yes, electronically on TouchMD Paper Copy Patient wants to ask the provider a question before signing treatment consent. Employee Initials _____

**No one can enter the building without signing the COVID-19 Consent*