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Covid-19 Pandemic office policy and procedure guidelines

Updated April 29, 2020

COVID-19 PATIENT TRIAGE SCREEN

MAY ALSO BE USED FOR ANYONE ACCOMPANYING A PATIENTS TO APPOINTMENTS.

	YES	NO
Are you having symptoms of: fever over 99.0, dry cough, shortness of breath, loss of smell or taste, elevated temperature, diarrhea, sore throat, headache, body/muscle pain or aches		
Have you traveled out of the US in the last 30 days?		
If yes, include date and countries visited:		
Have you traveled out of San Antonio in the last 30 days		
If yes, include regions/cities and date traveled:		
Have you had close contact with a person known to have COVID-19?		
Have you been tested for COVID-19? Please give date:		
Have you tested POSITIVE for COVID -19? Please give date:		
Have you tested NEGATIVE for COVID -19? Please give date:		
SIGNATURE (below)	Date	time

What is your current occupation? _____

Do you have any of the following conditions? (Please circle)

- | | | |
|--------------------------|------------------------|---------------------------|
| AGE \geq 65 | Chronic Lung Disease | Moderate or Severe Asthma |
| Congestive Heart Failure | Diabetes | Neurologic Condition |
| Weakened Immune System | Cirrhosis of the Liver | Pregnancy BMI \geq 40 |