

## COVID- 19 Patient Assessment On Check-In (For the Patient to fill out)

Date of Birth:	Patient Name:	
Date of Appointment:		
1. Are you or anyone accompanying you today currently experiencing any of the following symptoms or have you experienced the following symptoms within the last two weeks:    Fever¹ (100 °F (37.77°C) or higher)	Patient MRN:	
you experienced the following symptoms within the last two weeks:    Fever¹ (100 °F (37.77°C) or higher)	Date of Appointment:	
Chills Muscle pain Sore throat New loss of taste or smell Cough Shortness of breath or difficulty breathing Diarrhea  2. Have you or someone you live with been tested for COVID-19 and are (1) waiting on results or (2) tested positive? Date(s) tested  3. Have you been in close contact with a person known to have COVID-19 (2019 Novel Coronavirus) or that has been quarantined for Coronavirus?  4. Have you resided in a skilled nursing facility in the last 30 days?  Yes No  If you checked YES to any ONE of the criteria listed above, even if you are asymptomatic, unless you need emergency care, please immediately let a NJU staff member know. Due to increased safety concerns, you will be asked to promptly leave the office and once safely home, call to reschedule.  Staff should refer to NJU's Patients Previously COVID-19 Positive SOP for purposes of rescheduling.		any of the following symptoms or have
Muscle pain   Sore throat   New loss of taste or smell   Cough   Shortness of breath or difficulty breathing   Diarrhea   Diarrhea   Yes   No are (1) waiting on results or (2) tested positive?   Date(s) tested   Yes   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N	Fever <sup>1</sup> (100 °F (37.77°C) or higher)	
Sore throat New loss of taste or smell Cough Shortness of breath or difficulty breathing Diarrhea  2. Have you or someone you live with been tested for COVID-19 and Yes No are (1) waiting on results or (2) tested positive? Date(s) tested  3. Have you been in close contact with a person known to have COVID-19 (2019 Novel Coronavirus) or that has been quarantined for Coronavirus?  4. Have you resided in a skilled nursing facility in the last 30 days? Yes No  If you checked YES to any ONE of the criteria listed above, even if you are asymptomatic, unless you need emergency care, please immediately let a NJU staff member know. Due to increased safety concerns, you will be asked to promptly leave the office and once safely home, call to reschedule.  Staff should refer to NJU's Patients Previously COVID-19 Positive SOP for purposes of rescheduling.	Chills	
New loss of taste or smell   Cough   Shortness of breath or difficulty breathing   Diarrhea   Diarrhea   Pes   No   No   Are (1) waiting on results or (2) tested positive?   Date(s) tested   Pes   No   Pes   No   No   Pes   No   No   Pes   Pes   No   Pes   Pes	☐ Muscle pain	
Cough Shortness of breath or difficulty breathing Diarrhea  2. Have you or someone you live with been tested for COVID-19 and	Sore throat	
Shortness of breath or difficulty breathing Diarrhea  2. Have you or someone you live with been tested for COVID-19 and	New loss of taste or smell	
Diarrhea  2. Have you or someone you live with been tested for COVID-19 and	Cough	
2. Have you or someone you live with been tested for COVID-19 and	<ul> <li>Shortness of breath or difficulty breathing</li> </ul>	
are (1) waiting on results or (2) tested positive?  Date(s) tested	☐ Diarrhea	
COVID-19 (2019 Novel Coronavirus) or that has been quarantined for Coronavirus?  4. Have you resided in a skilled nursing facility in the last 30 days?  If you checked YES to any ONE of the criteria listed above, even if you are asymptomatic, unless you need emergency care, please immediately let a NJU staff member know. Due to increased safety concerns, you will be asked to promptly leave the office and once safely home, call to reschedule.  Staff should refer to NJU's Patients Previously COVID-19 Positive SOP for purposes of rescheduling.  Thank you,	are (1) waiting on results or (2) tested positive?	☐ Yes ☐ No
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emergency care, please immediately let a NJU staff member know. Due to increased safety concerns, you will be asked to promptly leave the office and once safely home, call to reschedule.  Staff should refer to NJU's Patients Previously COVID-19 Positive SOP for purposes of rescheduling.  Thank you,	4. Have you resided in a skilled nursing facility in the last 30 days?	☐ Yes ☐ No
Thank you,	emergency care, please immediately let a NJU staff member know. Du	e to increased safety concerns, you will be
	Staff should refer to NJU's Patients Previously COVID-19 Positive SOP f	or purposes of rescheduling.
UIN	Thank you,	
	NJU	

Date: 3/12/2020. Updated: 4/2/20; 4/26/20; 5/7/20; 5/27/20; 6/30/20; and 7/7/20

 $<sup>^{1}</sup>$  If the location uses a contactless thermal scanner, the patient's temperature will not need to be recorded on this form.