



We are Advocate Aurora Health

Questionnaire for Visit Date: _____

Patient Name: _____

Date of Birth: _____

1. Have you tested or screened positive for COVID-19?

YES – Read a, b, c below and check all that apply.

NO – Proceed to Question #2

a. NO FEVER ($\leq 99^{\circ}\text{F}$ or $\leq 37.2^{\circ}\text{C}$) for at least 72 hours without the use of fever reducing medication

AND

b. Respiratory symptoms have improved or resolved (cough, shortness of breath)

AND

c. At least 10 days have passed since 1st positive test

2. Have you had close contact without appropriate Personal Protective Equipment (PPE) with a laboratory confirmed COVID-19 patient within 14 days of symptom onset. Examples of close contact is living in the same house with a person, kissing, hugging, sharing eating utensils, carpooling, close conversation.

YES

NO

Do you have the following symptoms that are not related to preexisting diagnosis or condition.

3. Are you experiencing any of the following – a fever $>100.4^{\circ}\text{F}$ (38.0°C) that has lasted more than 24 hours, a cough or trouble breathing?

YES

NO

4. Do you OR any household member have GI symptoms: Nausea, Vomiting, or Diarrhea?

YES

NO

5. Do you OR any household member have a *new* onset of loss of taste or smell?

YES

NO

To minimize risk and infection, if you answered “yes” to questions 2-5, please return to your vehicle and call: Advocate Aurora Health COVID-19 Hot Line at 866-443-2584 or connect with your health care provider.

For Internal Use Only – ACL Comments: _____
