

Medco ER & Urgent Care

Screening Questionnaire for the Coronavirus (COVID-19)

1. Do you currently have any of these symptoms?

Fever Yes: _____ No: _____

Cough Yes: _____ No: _____

Shortness of breath Yes: _____ No: _____

AND

2. In the last 14 days before the onset of your symptoms, have you traveled internationally to any country that is identified as high risk for COVID-19 (including but not limited to the following)?

- China
- Iran
- South Korea
- Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

Yes: _____

No: _____

OR

3. Have you come in close contact with anyone who is in quarantine or known to be infected with COVID-19?

Yes: _____

No: _____

If you answered **yes to question # 2 or 3**, you have symptoms or exposure risk factors that may indicate COVID -19 infection. Additional evaluation is needed so that a healthcare provider can review your symptoms and medical/travel history and recommend the most appropriate care for you.