

Baptist Health Visitors Self-Screening Guide

To protect our patients, team members and visitors, please self-screen for communicable disease symptoms *prior* to visiting patients at our hospitals. Please do not visit patients if you check “yes” to any of the categories below. Of course, we are available if you need to seek medical care.

Communicable Disease Screening		
	NO	YES
Symptoms (not related to chronic or underlying condition)		
Fever (temperature) >100.0	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset cough	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Recent/new onset diarrhea and fever	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Screening		
1. Have you experienced any of the other following symptoms of COVID-19 within the last 48 hours? <ul style="list-style-type: none"> • Fatigue • Muscle of body aches • New loss taste or smell • Headache 	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had a positive test for COVID-19 in the last 10 days or are you awaiting results from a COVID-19 test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been in close physical contact with any person with laboratory-confirmed COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>