[INSERT MEDICAL PRACTICE NAME/LOGO]

NOTICE OF FACILITY ENTRANCE SCREENING FOR COVID-19

STOP AND READ

THIS NOTICE APPLIES TO ALL INDIVIDUALS WHO WISH TO ENTER THIS FACILITY.

DO NOT ENTER THIS FACILITY if you answer **YES** to any of the questions below.

1. Within the past 24 hours, have you experienced any of the Principal Symptoms of COVID-19 (listed below), or do you satisfy any additional exclusion criteria adopted by the Practice?

   One or more of the following (excluding symptoms due to other known medical reason):

   - ❍ Fever (above 100.4 degrees);
   - ❍ Shortness of breath;
   - ❍ Uncontrolled cough; or

   Two or more of the following (excluding symptoms due to other known medical reason):

   - ❍ Abdominal pain;
   - ❍ Diarrhea;
   - ❍ Loss of taste or smell;
   - ❍ Muscle aches;
   - ❍ Severe headache;
   - ❍ Sore throat;
   - ❍ Vomiting.

2. Have you had any close contact during the last 14 days with someone diagnosed with COVID-19 or who has the Principal Symptoms as described above?

Patients/Other Visitors:

If your answer is **YES** to any of these questions, **DO NOT ENTER THIS FACILITY** and call the Practice office at (___)-___-_____ for further instructions. Patients seeking medical treatment who answer "YES" to any of the screening questions may be admitted to or excluded from the Facility based on medical treatment standards adopted by the Practice.

By entering this Facility, you are representing to the Practice that your answer is **NO** to each question, or that the Practice has permitted you to enter the Facility.

Employees/Vendors:

If your answer is **YES** to any of these questions, **DO NOT ENTER THIS FACILITY** and call your Practice supervisor/manager or other Practice contact for instructions.

By entering this Facility, you are representing to the Practice that you answer is NO to each question, or your Practice supervisor/manager or other Practice contact has permitted you to enter this Facility. You may be required to fill out a COVID-19 Facility Entrance Screening Form upon entering the Facility.