



Today's Date: _____

MRN# _____

TEMP: _____

All visitors should be screened upon entry to the facility for health & safety reasons

- ❖ Visitors with symptoms of a contagious illness should not remain in the practice. *These patients will be treated by TELEHEALTH appointment only. Please go back to your car and call our front desk.*
- ❖ ALL visitors are required to wear a mask at ALL times while visiting our practice
- ❖ Only ONE visitor is allowed back in our exam rooms. If minor, only ONE parent/guardian allowed
- ❖ All accompanying visitors will need to remain and wait in their cars until patient is finished

IPMS COVID-19 SCREENING

PLEASE READ EACH QUESTION CAREFULLY AND ANSWER HONESTLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours : <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	YES	NO
Within the past 14 days , have you been in close physical contact (<i>6 feet or closer for at least 15 minutes</i>) with a person who is known to have laboratory-confirmed COVID-19 <i>or</i> with anyone who has any symptoms consistent with COVID-19?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 <i>or</i> are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO

Did you answer NO to ALL QUESTIONS?	Access to IPMS is APPROVED . Please show this to representative at the front desk. Thank you for helping us protect you and others during this time.
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Did you answer YES to ANY QUESTION?	Access to IPMS NOT APPROVED . Please go back to your car & call for further instructions. Thank you for helping us protect you and others during this time.
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