

**Patient/Visitor COVID-19 Pandemic – Patient Disclosure**

Patient \_\_\_\_\_ Visitor \_\_\_\_\_ If Visitor, AGE \_\_\_\_\_

In order to keep our hospital safe for our patients, visitors and staff, we need to know if patients or visitors have been exposed to infection that could be passed on to others. Please complete this form for each patient and visitor. Please wear the provided visitor bracelet and keep this form with you today (you will need to be screened each time you enter a Good Samaritan facility). Thank you for helping us in our efforts to keep everyone safe and healthy!

Today's Date: \_\_\_\_\_

Department Visiting: \_\_\_\_\_ Inpatient Room # \_\_\_\_\_

**Has the patient/visitor:**

- Yes  No  experienced fever or abnormal temperature in past 48 hours?  
Yes  No  taken Tylenol or Advil to treat a fever in the past 48 hours?  
Yes  No  tested positive or are awaiting results of testing for COVID-19?  
Yes  No  experienced symptoms of a respiratory infection?
  - Trouble breathing or shortness of breath (new for you)
  - Dry cough
  - Sore throat
  - Runny nose
- Yes  No  recently lost or had a reduction in your sense of smell or taste?  
Yes  No  traveled outside the United States by air or cruise ship in the past 14 days?  
Yes  No  had contact in the last 14 days with someone who is suspected of or has tested positive for coronavirus Covid-19?  
Yes  No  had anyone in their immediate contacts (or household) tested for or awaiting results for COVID-19 within the last 14 days?  
Yes  No  experienced unexplained diarrhea or vomiting in the past 48 hours?  
Yes  No  Age under 18 years?

**If a PATIENT answers yes to any of these questions, reinforce that patient wear mask during visit; refer to next steps on the back of this form**

**If a VISITOR answers yes to any of these questions: Decline entry, refer to next steps on the back of this form**

\_\_\_\_\_  
Name of Patient/Visitor\_\_\_\_\_  
Good Samaritan Employee

- This authorization is good for only one day at a time. You will have to complete this screening each day you enter the hospital.

During your screening process today at Good Samaritan, one or more of your answers may have triggered the need to advise you of possible next steps if you are concerned you may have coronavirus.

1. If you have fever, cough, shortness of breath, muscle or body aches, new loss of taste or smell, or sore throat, you might have COVID-19. Most people have mild illness and are able to recover at home. Stay home until you are well. Separate yourself from other people.
2. You should wear a face covering over your nose and mouth if you must be around other people.
3. Keep track of your symptoms and if you experience an emergency warning sign (including trouble breathing or persistent chest pressure), get emergency medical care immediately.
4. If you would like to speak to someone about your symptoms or possible exposure, please follow one of these steps before coming to any Good Samaritan Facility:
  - a. Call your Primary Care Physician
  - b. Call the nurse triage line at 812-885-3331
  - c. Utilize My Health LIVE for virtual visits with one of our providers.