**Patient/Visitor Health Screening**

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 sticker 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:** ______________________

**Has the patient/visitor:**

- Yes □ No □ Had fever in past 48 hours?
- Yes □ No □ Had symptoms of a respiratory infection?
  - shortness of breath (new for you)
  - cough
  - sore throat
- Yes □ No □ Travel to areas with sustained COVID-19?
- Yes □ No □ Contact with someone with known or suspected coronavirus COVID-19?
- Yes □ No □ Had **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, place mask on patient and then notify destination department prior to patient leaving screening area.

If a **VISITOR** answers yes to any of these questions:
Decline entry, obtain a contact # and have visitor return to their vehicle and await further instructions.

_________________________________________  _________________
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.
- If you have questions about your symptoms, please call 812-885-3331.

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