

COVID-19 Check-In Questionnaire

Ask patient and any visitor the following questions upon arrival:

In the past 14 days have you had any of the following symptoms:

- Fever
- Cough
- New onset shortness of breath
- Symptoms of common cold
- Abnormal sense of smell/taste
- New onset diarrhea
- None

In the past 14 days have you or a household member traveled outside the state of Alaska?

- Yes
- No

Have you had known close contact with someone who tested positive for COVID19?

- Yes
- No

In the past 14 days have you been tested for COVID19?

- Yes
- No

IF YES to any, place mask on Patient or Visitor and notify OB triage RN.

If NO to all, send to OB Triage.