

Heartland COVID-19 Screening Questionnaire

In an effort to protect our patients and our community, we are screening patients for symptoms that may require further testing for Coronavirus.

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| 1. Do you have Fever, Cough, Sore Throat, Chills, or Shortness of Breath? | Yes | No |
| 2. Have you had contact with a person who is suspected to have or confirmed to have Coronavirus/COVID-19 in the past 2 weeks? | Yes | No |
| 3. Have you had contact with any person with unexplained flu-like symptoms in the past 2 weeks? | Yes | No |
| 4. In the past 2 weeks, have you been to any high risk areas (see updated list), travelled internationally, or been on a cruise? | Yes | No |

If yes to any of these, please instruct the patient to continue on to the Curbside Triage Team via Walkie-Talkie and convey responses for documentation.

High-Risk Areas as of 3/23/2020*

After March 15

1. California
2. New York
3. Washington State
4. Colorado (Eagle, Summit, Pitkin, and Gunnison Counties)
5. Florida
6. Cruise ship (ocean or river cruise)
7. Any international travel

On or After March 23

8. Illinois
9. New Jersey

On or After March 27

10. Anywhere in Colorado
11. Louisiana

On or After April 6

12. Connecticut

*Travel to any of these areas means the individual is mandated to quarantine at home for 14 days