

Greenbelt Endoscopy Center COVID-19 Screening Form

Please fill out the information below to the best of your knowledge. This is a voluntary disclosure designed to assist Greenbelt Endoscopy Center staff team to determine your procedure eligibility. Please keep in mind that we reserve the right to postpone your procedure if below information is not accurately filled out. This screening form follows the official CDC and ASGE guidelines and will be used as a precaution against a potential COVID-19 outbreak.

A. Have you had testing for COVID-19?

Ans: No (), If **Yes ()** Clarify if this was a direct viral test (e.g., swab, saliva) or serologic (blood antibody) test. (circle the test).

A1. Was your test positive or negative? Negative (), Positive (), When was the test done _____.

A2. Did the patient retest after recovery?

Yes (), Result _____. Any remaining symptoms? Yes (), What are they? _____.

A3. Do you have anyone who live in the same house had testing for Covid-19?

Ans: No (), if Yes (), did you guarantee yourself from the infected personnel? No () If Yes (), Since when? _____.

A4. Did you develop any Covid-19 symptoms after discovery? No (), if yes () what did you do?

B. Do you have any of the following? (yes or no) a. Fever to 100.4 degrees (38C) or higher b. Cough
c. Shortness of breath, difficulty breathing, chest pain d. Sore throat e. Loss of sense of smell or taste
f. New onset of fatigue or lack of energy Ans: No (), **Yes ()** List the symptom: _____

Symptom Onset date: _____

C. Do you have nausea with or without vomiting? No (), if **Yes ()** Date of Onset: _____, Have you consult with any GI physician? Yes (), No (). Have you prescribe with any medication to relief symptom? No (), if Yes (), What is it _____, Did you feel better after taking the medication? _____.

D. Do you have diarrhea? No (), if **Yes ()** Date of Onset: _____, Have you consult with any GI physician? Yes (), No (). Have you had any testing of stool? No () if Yes () Date of the stool test _____, sent to which lab? _____.

E. Have you recently traveled to any current COVID-19 hot spot?

Ans: No (), if **Yes ()**, where? _____

Date of return to Maryland: _____,

Note: The top impacted states in the United States and hot spots around the world can be found in the New York Times Coronavirus Map: Tracking the Global Outbreak.

F. Are you planning to travel between now and your scheduled procedure

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Ans: No () if **Yes ()** Where? _____ Date of return to Maryland: _____,

G. In the past 14 days, have you come into close contact (within 6 feet/2 meters) with someone who has a laboratory-confirmed COVID-19 diagnosis?

Ans: No (), if **Yes ()** did you guarantee yourself from the infected personnel? No (), if Yes (), Since when? _____.

H. Are you a first responder, healthcare worker, or do you work or volunteer at a hospital or health care facility?

Ans: No (), if **Yes ()** Do you have adequate PPE whenever exposing to the medical facility? Yes (), No ().

H1. Do you wear face mask at all time at work? Yes (), No (), why _____

H2. Do you practice social distancing 6 Feet apart for each individual? Yes (), No (), why _____

I. Are you an employee of a daycare facility, senior living location, adult daycare or extended care or rehabilitation care facility?

Ans: No (), if **Yes ()** Do you have adequate PPE whenever exposing to the facility? Yes (), No ().

I1. Do you wear face mask at all time at work? Yes (), No (), why _____

I2. Do you practice social distancing 6 Feet apart for each individual? Yes (), No (), why _____

Key: Answering “yes” to any of the above symptom questions (A-D) should result in referral to Infection Control Department for approval of procedure and notify GI provider for assessment and possible testing.

Answering Questions (E - I) should refer to infection control department for approval of procedure and possible postpone the appointment.

With the current coronavirus situation, it is your choice to have your procedure as scheduled or to reschedule it for a later time.

Do you wish to have your procedure as scheduled? Yes () No () Initial _____

Do you wish to reschedule your procedure for a later time? Yes () No () Initial _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information will post risk to myself and the other’s health. It is my responsibility to inform Greenbelt Endoscopy Center of any changes in medical status.

SIGNATURE _____

DATE _____