

SARS Screening Tool for Visitors to Healthcare Facilities

To protect the health of others, please answer the following questions. You will not be permitted to enter the facility unless screening has been completed. This information is necessary to prevent the spread of disease. All of the information collected will be kept confidential and will be disposed of after 45 days.

All visitors with fever or respiratory illness such as a cough or shortness of breath, and/or diarrhea should not enter the facility and should seek appropriate medical care. Do not leave any questions blank.

Name of Visitor _____ Name of Patient _____

Visitor Address: _____

Visitor Telephone No. _____ Cell Phone No. _____

Please put a check as appropriate to the following questions:

Relationship to the patient? family member relative friend

1. Do you have any of the following symptoms?

- Feeling feverish No Yes
- Cough No Yes
- Diarrhea No Yes
- Muscle Aches No Yes
- Shortness of breath No Yes

2. Have you recently traveled to a foreign country within the last 10 days? No Yes

If YES, where did you travel? _____

3. Have you been in contact with someone diagnosed with SARS within the last 10 days? No Yes

4. Have you been in a health care facility where SARS was documented? No Yes

RECORD TEMPERATURE: _____°F Is temperature above 100.4°F? No Yes

Visitor Signature: _____

Approved to enter facility? No Yes

Reviewer Signature: _____ Date: _____