Ocala Family Medical Center is required to comply with the guidelines set forth in OSHA's Emergency Temporary Standard (ETS). § 1910.502(d) In settings where direct patient care is provided, the employer must:

(1) Limit and monitor points of entry to the setting.
(2) Screen and triage all clients, patients, residents, delivery people and other visitors entering the setting
(3) Implement other applicable patient management strategies in accordance with CDC COVID-19 Infection Prevention and Control Recommendations.

In order to maintain compliance, OFMC's screening and masking policies will remain in effect until such time that the ETS expires or is repealed.

Patients Presenting to Office / Facility: COVID-19 Screening

All individuals (staff, other health care workers, family, visitors, government officials, etc.)

Reason for Visit:

Office Visit with: _____ and/or
Provider's Name

___Bone Density, ___CT, ___EKG, ___Lab, ___MRI, ___Nuclear, ___Ultrasound, ___X-Ray,

Other: _____

1. Do you have any of the following symptoms (Check each symptom applicable)?

_____ Yes	_____ No	Congestion or runny nose
_____ Yes	_____ No	Cough
_____ Yes	_____ No	Unusual or unexplained headache
_____ Yes	_____ No	Fever, chills or repeated shaking with chills
_____ Yes	_____ No	Night Sweats
_____ Yes	_____ No	Sore throat
_____ Yes	_____ No	New shortness of breath or difficult breathing
_____ Yes	_____ No	Unusual or unexplained muscle pain
_____ Yes	_____ No	Gastro symptoms (including: abdominal pain/cramping, nausea, diarrhea and vomiting).

2. Have you or any member of your household been exposed or potentially exposed to anyone who has tested positive to COVID-19 within the last 2 weeks? _____ Yes _____ No

By signing this I verify all statements are true and correct:

* _____	* _____	_____
Patient's Signature	**Patient's Name (Print)**	**Date of Birth:**
_____	_____	
Date:	**Screener Initials**	

IF "YES" TO ANY OF THE ABOVE QUESTIONS

PROVIDER APPROVAL TO BE SEEN _____ (MA OR PROVIDER INITIALS)