



Name: _____

Date: _____

The following screening is to be used prior to interactions with clients and should be done preferably by phone to limit potential exposure to the agency.

SCREENING:

1. Have you or anyone in your home been out of the country during the last two weeks? Yes No
2. Do you or anyone in your home have a fever of 100.4 or greater? Yes No
3. Have you or anyone in your home had a fever of 100.4 or greater in the last 24 hours? Yes No
4. Are you or anyone in your home experiencing any respiratory symptoms? Yes No
(Cough, Shortness of Breath, Wheezing)

If no to all questions:

Your visit or appointment will continue as scheduled. Preventive measures will be used during your visit such as hand washing, social distancing (as best as possible) and coughing into your sleeve.

If yes to any of the questions:

Due to the positive screening for increased risk of illness, your visit or appointment will be cancelled. We recommend following up with your primary care provider, or Spectrum Health is offering a free screening to the community by calling 616-391-2380. Please provide your caseworker with an update once you have completed this or prior to your next scheduled appointment or visit.