



Karma Wellness Center
242 N. Main Street
New City NY 10956
845-825-3362

COVID-19 Screening Form

First point of contact should screen the patient/visitor/staff and check any boxes that apply:

<input type="checkbox"/>	Patient/visitor has a fever (>100.4 visitor/patient >100.0 HCP) AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)
<input type="checkbox"/>	Patient/visitor/staff has had close contact with a laboratory confirmed COVID-19 patient within the last 14 days
<input type="checkbox"/>	Patient/visitor/staff has a fever (>100.4 visitor/patient >100.0 HCP) OR signs/symptoms of lower respiratory illness AND a history of travel from affected geographic regions within 14 days of symptom onset
<input type="checkbox"/>	Patient/visitor/staff does not meet any of the above criteria

Patient/Visitor acknowledges the existence of the Covid-19 virus, the dangers of the virus and the potential exposure to the virus that could occur as a result of the office visit.

VISITORS:

If any of the first three boxes are checked, the visitor should be advised to defer visiting the facility. If the visitor refuses, contact the administrator on call.

PATIENTS:

If any of the first three boxes are checked, ensure a mask is on the patient and collect the following information:

Name _____ Phone _____

Signature _____ Date _____ Time _____