



**St. Joseph's Villa's CSU COVID Screen Form**

*We are following the Center for Disease Control (CDC) guidelines to protect our patients, as well as our Employees, from the COVID-19 pandemic. **Additionally, laboratory test results received after 72 hours cannot be utilized. To this extent, all patients must be asked the following questions before admission:***

Has the patient experienced any of the following symptoms in the past 48 hours? **Circle Responses:**

- fever or chills (YES/NO)
- cough (YES/NO)
- shortness of breath or difficulty breathing (YES/NO)
- fatigue (YES/NO)
- muscle or body aches (YES/NO)
- headache (YES/NO)
- new loss of taste or smell (YES/NO)
- sore throat (YES/NO)
- congestion or runny nose (YES/NO)
- nausea or vomiting (YES/NO)
- diarrhea (YES/NO)

•Within the past 14 days, has the patient been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?  
(YES/NO)

•Is the patient isolating or quarantining because they may have been exposed to a person with COVID-19 or are worried that they may be sick with COVID-19?  
(YES/NO)

•Is the patient currently waiting on the results of a COVID-19 test? (YES/NO)

• Has the patient been outside of the United States within the past 14 days? (YES/NO)

•Has the patient traveled domestically within the United States by commercial airline, bus or train within the past 14 days? (YES/NO)

Patient Name: \_\_\_\_\_

Guardian or Witness Name and/or Signature: \_\_\_\_\_

CSB Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please fax this document after completion:**

CSU Fax number: 804-955-4240

CSU Admission number: 804-874-9119