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