

Temperature upon entry:

**Eltra Surgery Center
COVID-19 SCREENING QUESTIONNAIRE**

	Answers at pre-op call:	Answers upon admission:
Have you or anyone you've been in close contact with been diagnosed with COVID-19 in the last 14 days?	YES NO	YES NO
Do you or anyone you've been in close contact with have a pending test result for COVID-19?	YES NO	YES NO
Do you or anyone you've been in close contact with have any of the following symptoms? <input type="checkbox"/> fever <input type="checkbox"/> sore throat <input type="checkbox"/> new loss of taste or smell <input type="checkbox"/> acute respiratory symptoms such as a cough or shortness of breath?	YES NO Is so, whom?	YES NO Is so, whom?
No visitors will be allowed into the facility, unless previously approved by staff	<input type="checkbox"/> States Understanding	N/A
Upon arrival to Eltra, please call prior to entering the building. The # is 973-301-0500	<input type="checkbox"/> States Understanding	N/A
A screening process will be required before entering Eltra. Please stop at the table in the lobby	<input type="checkbox"/> States Understanding	N/A
Patient (and any approved visitors) will need to bring his/her own mask	<input type="checkbox"/> States Understanding	N/A
Patients will be discharged from the back building. Please have your ride park at the back entrance upon pick-up	<input type="checkbox"/> States Understanding	N/A
Signature of person completing questionnaire		
Date questionnaire completed		

If answered "YES" to any of the above questions, surgery may be canceled.

Is additional assessment needed? (circle) YES / NO. If yes, who was notified and what was the outcome?

Name of person driving patient: _____

Phone Number: _____