



In-Center Coronavirus Screening Form

Dear Hope Women's Centers Visitor, Today's date _____

Because of the coronavirus pandemic, we are asking everyone who comes to the center to complete this form.

Please answer the following questions truthfully:

1. Are you currently experiencing:
 - a. Fever: Yes/No; Explain: _____
 - b. Cough: Yes/No; Explain: _____
 - c. Shortness of breath: Yes/No; Explain: _____

2. Have you been in close contact with any person who has/had the corona virus? Yes/No

3. Have you recently travelled from a region where Corona virus is active? Yes/No

Your name: _____

Your address: _____

Your phone number: _____

Please give this form to a Hope Women's Centers staff person.

Thank you for doing your part to keep our community healthy!

The Hope Team

STAFF ONLY

Client/Patient ID _____ Screened by: _____ (personnel name)

Recommendation made: _____