NORTH OAKS
Occupational Health Services

COVID/Travel Screening

Employee Name: _____ Date: _____

Date of Birth: _____/_____/_____ Employer: _____

North Oaks is using a triage system to evaluate patients with COVID-19 symptoms. We will determine if individuals meet guidelines for further evaluation based on travel to Europe, Asia or cruises, contact with someone confirmed to have COVID-19/Coronavirus, and those experiencing symptoms of fever, cough and shortness of breath.

If criteria are met, cases will be escalated to a designated health care provider for further evaluation and/or testing.

Have you traveled in the last month? Yes ☐ No ☐

If "**Yes**", Where to? _____

_____

When did you leave?_____ When did you return? _____

Have you been diagnosed with COVID-19, been treated, and recovered?

Yes ☐ No ☐

-If "**Yes**", when were you diagnosed? Date: _____

Were you issued a Return to Work release or letter by your health care provider? Yes ☐ No ☐

(provide copy of release or letter if available)

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19? Yes ☐ No ☐

Do you have any of the following symptoms?

☐ Fever	☐ Joint Pain	☐ Weakness	☐ Rash
☐ Cough	☐ Vomiting	☐ Red Eyes	☐ None of these
☐ Shortness of breath	☐ Diarrhea	☐ Sever Headache	☐ Unable to assess
☐ Muscle Pain	☐ Abdominal Pain	☐ Bruising or bleeding	

Signature: _____ Date: _____

North Oaks Occupational Health Services
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