



PRE-OPERATIVE SCREENING AND TESTING CHECKLIST

ALL surgical and endoscopy patients are to be screened for possible symptoms/exposure to COVID-19. Please review each question or statement.

SYMPTOM SCREEN CHECKLIST	Pre-Op Clinic (PAC) call Date: _____	Same Day Surgery (SDS) check Date: _____
<p>One Symptom:</p> <ul style="list-style-type: none"> -fever >38 or subjective fever/chills -cough -sore throat/hoarse voice -shortness of breath/breathing difficulty -loss of taste or smell -vomiting or diarrhea more than 24 hours <p>Two or More Symptoms:</p> <ul style="list-style-type: none"> • Muscles aches • Fatigue • Conjunctivitis • Headache • Skin rash of unknown source • Nausea or loss of appetite • Poor feeding (in an infant) 	<p><input type="checkbox"/> NO continue with checklist</p> <p><input type="checkbox"/> YES consult surgical team</p>	<p><input type="checkbox"/> NO continue with checklist</p> <p><input type="checkbox"/> YES consult surgical team</p>
EXPOSURE HISTORY CHECKLIST		
Tested positive for COVID in the last 10 days (either by rapid or laboratory-based test)?	<input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____
EXPOSURE HISTORY CHECKLIST		
Have you been exposed in the last 14 days to someone that has tested positive for COVID-19 (either by rapid test or laboratory-based test) or has COVID-19 symptoms?	<input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Initial _____

Notes:
