

Pre-Screening Questionnaire for In-Person Visits

Child: _____ Date: _____ Time: _____

Person Interviewed/Relationship to Child _____

In Person Visit Scheduled (Date and Time): _____

Health Screening Questions

1. Is anyone in the family sick? If yes, please describe:

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Shaking with chills |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cold/flu symptoms | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Other _____ |

2. Has anyone in the family been screened for COVID-19 and what was the result?

3. Has anyone in the family been asked to quarantine/stay home and why?

4. Has anyone in the family been around anyone who is being investigated for or diagnosed with COVID-19?



5. Do you, your child, or anyone in your household have a compromised immune system or other risk factors making you or them more susceptible to serious complications to COVID-19?

6. Has anyone in the home travelled in the last 14 days out of the country or out of state?

7. Has your child's doctor indicated that a home visit is **not** safe given your child's diagnosis/medical condition? (If the answer to this question is "Yes", do not have an in-person visit.)

EI Staff Name (Printed)

Signature with credential

In the event anyone in the household has tested positive for COVID-19 or has symptoms of COVID-19 the in-person visit must be changed to telehealth.

If the family has been in contact with others who have tested positive for COVID-19 or who have symptoms of COVID-19 the in-person visit must be changed to telehealth.