



Patient Screening Protocol Checklist

Patient name: _____

Date: _____

Staff Name: _____

Please answer the following questions:

Temperature _____ yes _____ no

Do you have a Cough _____ yes _____ no

Mask _____ yes _____ no

Gloves _____ yes _____ no

Are you feeling well _____ yes _____ no

If no, would you like to be rescheduled for a later date?

_____ yes _____ no