

Member Name: _____

Member ID: _____

Date: _____

Attachments:

Screening Tool – Of Consumer Entering Facility On-Site

Three questions asked by NON-Medical Staff person:

1. What are you here for today?
2. Do you have any fever, cough, runny nose, sore throat, congestion, nausea or vomiting, chills muscle aches, or flu-like symptoms today or in past 24 hours?
3. Have you had contact with anyone who is ill?

If answer is **YES** to 2 or 3:

- ☐ If Nurse On-Site: Refer to Nurse on-site for phase two questions. Give person a mask. Refer to the [consumer mask protocol](#) if the consumer refuses to wear a mask.
- ☐ If **NO** Nurse On-Site: Call the Nursing Manager at 989-545-2821 for phase two questions. Give person a mask. Have individual sit at least six feet from others in the waiting area.