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## **SCREENING QUESTIONS to be conducted by PMT Staff prior to entrance for a scheduled appointment:**

- 1. Have you or anyone whom you live with been diagnosed with COVID-19?**
  - a. If no, continue to the next question.
  - b. If so, request a date of diagnosis. If not more than 10 days then the appointment is cancelled.
- 2. Do you have a fever\*?**
  - a. If yes, the appointment is cancelled and encourage the person to seek medical attention by calling their provider.
  - b. If no, continue to the next question.
- 3. Do you have a new or worsening cough or shortness of breath?**
  - a. If yes, the appointment is cancelled and encourage the person to seek medical attention by calling their provider.
  - b. If no, continue to the next question.
- 4. Do you have any cold or flu-like symptoms such as chills, muscle pain or fatigue, headache, sore throat, nausea or vomiting, congestion or runny nose, or new loss of taste/smell?**
  - a. If yes, the appointment is cancelled and encourage the person to seek medical attention by calling their provider.
  - b. If no, continue to the next question.
- 5. Take temperature with a non-touch thermometer available on the table.**
  - a. If a client or student has a fever (100°F or greater), then the appointment is cancelled and they are encouraged to seek medical attention by calling their medical provider.
  - b. If a client or student does not have a fever up to 99.9°F then proceed to washing their hands for an appointment to begin.