



Health Screening Form

- **Complete prior to and at the time of face to face encounters with clients.**
- **Report any positive Responses to Superior**
- **Follow LA County DPH Guidance for Face Covering, Social Distancing 6' frequent hand washing/ sanitizer use**

Date:	Child		Caregiver	
	Yes	No	Yes	No
Child Initials:				
Do you or someone in the household have a fever, felt hot, or feverish in the last 14-21 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you having shortness of breath or other difficulties breathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a cough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced recent loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you in contact with any confirmed COVID-19 positive patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your age over 60?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in any large crowds or group gatherings (i.e. Rally, Party) since last face to face visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note:

- Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.
- Any “yes” answers will lead to a deeper discussion and possibly a result in the cancellation of in-person services for a minimum of 2-weeks.
- In the case of a temporary cancellation of in-person sessions, the family and provider may resume services via telehealth.

Caregiver: _____