

RWraparound Milwaukee

Implemented:

03/13/2020

Screening related to COVID-19 WI Public Health Emergency

Youth:		Appt Date:	
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Screening Questions -

1. For any reason, do you prefer to reschedule this appt for a later date?	No Yes	<p>If "No", continue with questions #2-5.</p> <p>If "Yes", please reschedule the appointment. No need to complete questions #2-5. Rescheduled Appt Date: _____</p>	
2. Do you, your child or anyone in your household have any of these current symptoms: cough, fever, shortness of breath?	No Yes	<p>If <u>all</u> answers are "No", please confirm the appt date and time.</p> <p>-----</p>	
3. Have you, your child or anyone in your household traveled out of state within the past 14 days?	No Yes		
4. Have you, your child or anyone in your household traveled outside of the country within the past 14 days?	No Yes		
5. Have you, your child or anyone in your household had contact with someone with lab-confirmed COVID-19 within 14 days of symptoms starting?	No Yes	<p>If "Yes" to <u>any</u> of these questions: Please assist in rescheduling the appointment. Rescheduled Appt Date: _____</p>	
Notes:			
Screening Completed by:		Date Screening Completed:	