VISTA STAFFING SOLUTIONS® Whitaker Pathways

COVID-19 Screening Questionnaire

The health and wellbeing of our providers and the patients they treat is our priority. Healthcare organizations are doing their best to deal with the evolving situation created by the Coronavirus (COVID-19). You play a vital role in healthcare delivery especially as demand for care escalates. We are asking all providers to complete this questionnaire prior to the start of their next assignment.

Do you currently have any of the following symptoms:

Fever	Yes	No
Cough	Yes	No
Shortness of breath	Yes	No

Have you been in contact with anyone with a confirmed case of COVID-19? Yes No

If so, was it within the last 14 days? Yes No N/A

Within the last 30 days have you:

Traveled internationally Yes No

if Yes, please list countries/international airports you have traveled through, and dates of travel

Traveled domestically Yes No

If Yes, please list states/airports you have traveled through and dates of travel

Have you been on a cruise where a passenger or crew member tested positive for COVID-19? Yes No

Signature:

Name:

Date: