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“Your Health is our First Priority”

Non: _____ Dat Nesans: _____

Dat Jodi: _____ Lè: _____ Pasyan #: _____ Tanperati: _____

Pasyan Anplwaye Lòt Bagay _____

Is individual accompanying patient? Wi Non

Si se wi, non pasyan ke endividi an ap akonpaye: _____

Siy ak Sentòm

Tanpri reponn sa ki swiv yo:

- | | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 1. Eske ou/te ekspoze ak yon moun ki teste pozitif pou COVID-19 |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 2. Èske ou te ekspoze a nenpòt moun ki teste pozitif pou COVID-19 |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 3. Vwayaj Resan / Monte Avyon |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 4. Te gen kontak ak you moun ki te fèk vwayaje |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 5. Èske ou te alentou yon moun ki malad / ki te malad |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 6. La Tous |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 7. La Fyèv |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 8. Vomisman ak/oswa dyare |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 9. Esoufle |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 10. Doulè nan kò |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 11. Sentòm nan je |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 12. Sentòm Po / Gratèl |
| <input type="checkbox"/> Wi | <input type="checkbox"/> Non | 13. Pèt Gou oswa Sant |

Si out e reponn “**WI**” pou nenpòt nan 5 premye kesyon yo, tanpri endike pou konbyen tan ou te ekspoze.

Depi Dat: _____ Rive nan Dat: _____ Koubyentan: _____

Eksplike:

Siyati: _____ Dat: _____

Official Use Only

- | | | | | |
|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is patient in distress | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Did the patient receive a mask from corporation | | |
| Patient is coming to the facility for | | | | |
| <input type="checkbox"/> Dr. B. Douglas | <input type="checkbox"/> Dr. J. Meservy | <input type="checkbox"/> Dr. L. Moolenaar III | <input type="checkbox"/> V. James Danet | <input type="checkbox"/> Nurse Visit |
| <input type="checkbox"/> B. Christian, NP | <input type="checkbox"/> Dr. J. Meyers | <input type="checkbox"/> Dr. L. Thompson | <input type="checkbox"/> Business Office | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dr. C. Lloyd | <input type="checkbox"/> K. Smith Wong, NP | <input type="checkbox"/> Dr. M. Franco | <input type="checkbox"/> Executive Office | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Dr. D. Simmonds | <input type="checkbox"/> L. Colasuonno, NP | <input type="checkbox"/> N. Williams- Prince | <input type="checkbox"/> Lab | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dr. G. Caines | <input type="checkbox"/> L. Gewinner | <input type="checkbox"/> Dr. T. Richards | <input type="checkbox"/> Medical Records | |

Staff Signature: _____