St. Thomas East End Medical Center Corporation
4605 Tutu Park Mall, Suite 207
P.O. Box 503177
St. Thomas, VI 00805-3177

Tel: (340)775-3700
Fax: (340)777-7927

"Your Health is our First Priority"

Name: _____ Date of Birth: _____

Today's Date:_____ Time:_____ Patient #:_____ Temperature:_____

☐ Patient ☐ Staff ☐ Other _____

Is individual accompanying patient? ☐ Yes ☐ No

If Yes, Name of patient individual is accompanying:_____

Signs and Symptoms

Please answer the following:

☐ Yes	☐ No	1. Have you been exposed to anyone who tested positive for COVID- 19
☐ Yes	☐ No	2. Have YOU been tested POSITIVE for COVID-19
☐ Yes	☐ No	3. Recent travel/ been on an airplane
☐ Yes	☐ No	4. Contact with anyone that recently travelled
☐ Yes	☐ No	5. Have you been around anyone who is/was sick
☐ Yes	☐ No	6. Cough
☐ Yes	☐ No	7. Fever
☐ Yes	☐ No	8. Vomiting and/or diarrhea
☐ Yes	☐ No	9. Shortness of breath
☐ Yes	☐ No	10. Body aches
☐ Yes	☐ No	11. Eye symptoms
☐ Yes	☐ No	12. Skin symptoms/Rash
☐ Yes	☐ No	13. Loss of taste or smell

If you answered "**YES**" to any of the **first 5** questions, please indicate length of exposure.

Date From:_____ Date To: _____Time Frame:_____

Explain:

Signature: _____ Date:_____

Official Use Only

☐ Yes	☐ No	Is patient in distress
☐ Yes	☐ No	Did the patient receive a mask from corporation

Patient is coming to the facility for

☐ Dr. B. Douglas	☐ Dr. G. Caines	☐ Dr. L. Moolenaar III	☐ Business Office	☐ Pharmacy
☐ B. Christian, NP	☐ Dr. J. Meservy	☐ Dr. L. Thompson	☐ Executive Office	☐ Other_____
☐ Dr. C. Lloyd	☐ Dr. J. Meyers	☐ N. Williams- Prince	☐ Lab	
☐ Dr. D. Simmonds	☐ K. Smith Wong, NP	☐ Dr. T. Richards	☐ Medical Records	
☐ Dr. D. Boschulte	☐ L. Gewinner	☐ V. James Danet	☐ Nurse Visit	

Staff Signature: _____

Revised: September 30, 2020