


ENDOSCOPY 24-72 HR PRE-PROCEDURE COVID-19 PHONE ASSESSMENT

	
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Date of Procedure: 1/28/21

COVID 19 Date of test: 1/25/21 Result: none detected

CAMPUS: CMC Endoscopy _____ CEC Endoscopy: ✓

Covid -19 Screening

Have you had a fever, cough (productive or dry), sore throat or shortness of breath?	YES	<input type="radio"/> YES <input checked="" type="radio"/> NO	Explain
Have you had any (new or different) nausea, vomiting or diarrhea?	YES	<input type="radio"/> YES <input checked="" type="radio"/> NO	Explain
<p>"Yes" to any question requires an explanation.</p>			

** If yes to any symptoms, notify Provider. **

RN SIGNATURE:

Cawlon DATE 1/27/21 1405