

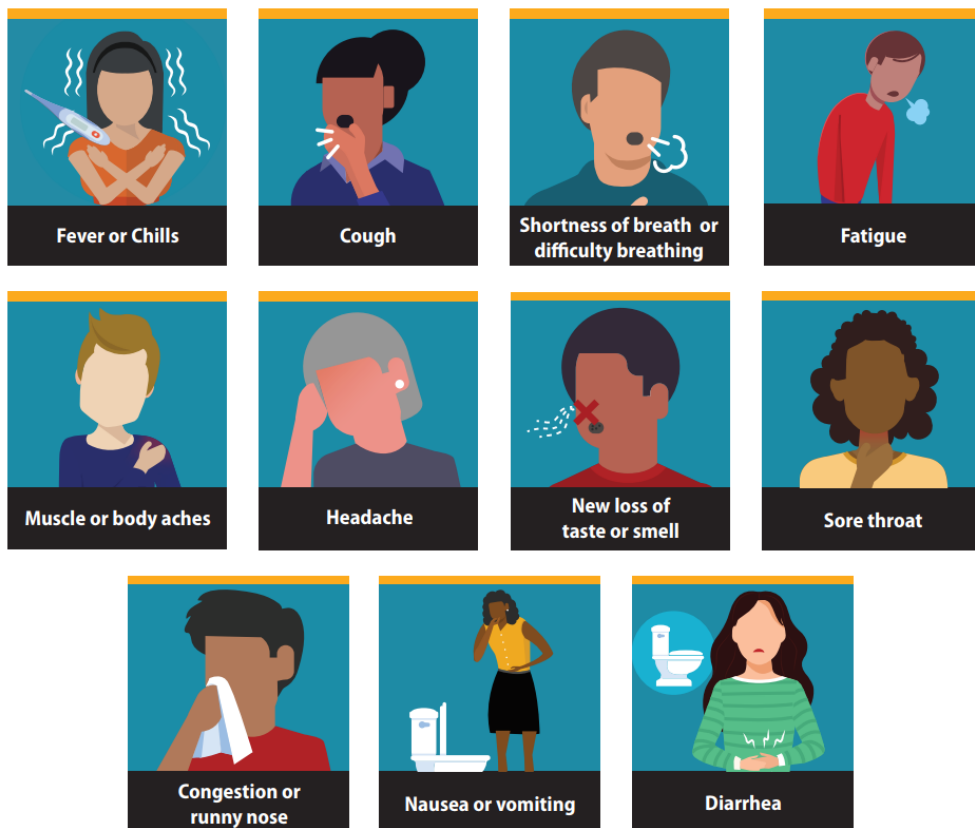


HEART OF THE ROCKIES
REGIONAL MEDICAL CENTER

All patients and visitors

Please review the questions below and you will be asked to verbalize your answers prior to entering.

1. In the past 48 hours, have you had any of the following symptoms?



YES

NO

2. In the past 14 days, have you been in close physical contact with:

-Anyone who is known to have lab-confirmed COVID-19?

-Anyone who has any symptoms consistent with COVID-19?

YES

NO

3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or may be sick with COVID-19?

YES

NO

4. Are you currently waiting on the results of a COVID-19 test?

YES

NO