

## Arkansas Department of Health

4815 West Markham Street ● Little Rock, Arkansas 72205-3867 ● Telephone (501) 661-2000 Governor Asa Hutchinson Nathaniel Smith, MD, MPH, Secretary of Health

## PHARMACY PATIENT SCREENING QUESTIONNAIRE COVID-19

Specific services such as vaccine administration or disease state management require pharmacists and patients to be in close proximity. To prevent the spread of the novel coronavirus (COVID-19) and decrease the risk of exposure to other patients and pharmacy staff, please complete this form and provide to the pharmacy prior to arrival:

| Date:                |  |
|----------------------|--|
| Name (Please Print): |  |
| Date of Birth:       |  |
| Service Requested:   |  |

## Within the last 24 hours, please answer if have you experienced any of the following symptoms:

| Fever of 100.4° or | Yes / No | Cough                    | Yes / No |
|--------------------|----------|--------------------------|----------|
| more               |          |                          |          |
| Headache           | Yes / No | Difficulty Breathing/    | Yes / No |
|                    |          | Shortness of Breath      |          |
| Sore Throat        | Yes / No | Your Current Temperature |          |
|                    |          | Reading                  |          |

## **Additional Questions:**

| Have you returned from international or out-of-state travel, or a cruise within the last 14 days?  | Yes / No |
|--|----------|
| Are you 65 years old or older?   | Yes / No |
| Are you immunocompromised or have other diseases that put you at risk for COVID-19 such as cardiovascular disease, asthma/COPD, autoimmune disease or diabetes? If yes, please indicate: | Yes / No |
| Have you been exposed to a person who has been diagnosed with COVID-19?  | Yes / No |
| Have you been exposed to a person who is under investigation for COVID-19?   | Yes / No |

If you have any of the above listed symptoms and/or answered yes to any of the additional questions, please call your pharmacist to discuss before entering the pharmacy. For information about COVID-19, please go to <a href="https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus">https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus</a>. You may also call the Arkansas Department of Health at 1-800-803-7847 or email <a href="mailto:ADH.CoronaVirus@arkansas.gov">ADH.CoronaVirus@arkansas.gov</a>.

| Upon Arrival:   |  |
|---|--|
| Temperature checked at Pharmacy (checked by pharmacist) |  |
|   |  |
| Patient Signature/Date                                  |  |
|   |  |

(Information is confidential. Please note, services are subject to change and may be unavailable per pharmacist's discretion)