Helen Newberry Joy
Hospital & Healthcare Center
502 West Harrie Street, Newberry, MI 49868

Patient Sticker

Patient Name_____ Date of Birth_____

Patient Infection Prevention Questionnaire

1. Have you traveled internationally within the last 14 days or traveled to a COVID-19 "hotspot area" in the US, such as Washington State, New York City, or California?
   If yes, do you have a cough, fever, or shortness of breath?

   YES NO

2. Have you had close contact with a person known to have a positive COVID-19 diagnosis or Person Under Investigation by the local Health Department? If you are a household contact of one of the above, you should be quarantined at home.
   If yes, do you have a cough, fever, or shortness of breath?

   YES NO

3. Are you a Health Care worker, or do you live in a group setting such as a dorm, camp or Long Term Care setting?
   If yes, do you have a cough, fever, or shortness of breath?

   YES NO

4. Have you been placed in a 14 day monitoring and quarantine period by the local Health Department or your Provider?
   If yes, do you have a cough, fever, or shortness of breath?

   YES NO

If yes to any of these screening questions WITH symptoms, please put a mask on and you will be instructed to wait in your car. Please call the COVID -19 Registration line at 906-293-9213.