

# WAYNE MEMORIAL HOSPITAL COVID-19 TESTING QUESTIONNAIRE

## ***SHOULD I BE TESTED FOR THE CORONAVIRUS?***

- 1) Have you recently traveled to an area with known local spread of COVID-19?  
 YES       NO
- 2) Have you come into close contact [within six (6) feet or in the same room] who has a laboratory confirmed COVID-19 diagnosis in the past fourteen (14) days?  
 YES       NO
- 3) Do you have a fever [greater than or equal to 100.4F] OR symptoms of lower respiratory illnesses such as a cough, shortness of breath, or difficulty breathing?  
 YES       NO

### **RESULTS:**

- A.    1-NO                    2-NO                    3-NO  
If you answered NO to all 3 questions, visit [www.CDC.gov/coronavirus/2019](http://www.CDC.gov/coronavirus/2019) for more information.
- B.    1-YES                    2-NO                    3-NO  
If you answered YES to questions 1 OR 2 and NO to question 3, visit [www.CDC.gov/coronavirus/2019](http://www.CDC.gov/coronavirus/2019) for more information on how to treat at home and self-quarantine.
- C.    1-NO                    2-YES                    3-NO  
If you answered YES to questions 1 OR 2 and No to question 3, visit [www.CDC.gov/coronavirus/2019](http://www.CDC.gov/coronavirus/2019) for more information on how to treat at home and self-quarantine.
- D.    1-YES                    2-YES                    3-NO  
If you answered YES to questions 1 and 2 and NO to question 3, visit [www.CDC.gov/coronavirus/2019](http://www.CDC.gov/coronavirus/2019) for more information on how to treat at home and self-quarantine.
- E.    1-YES                    2-NO                    3-YES  
If you answered YES to question 1 and YES to question 3, you may need to be tested for COVID-19. Before you leave home, contact the SE District Health Dept. for further information and instructions.
- F.    1-NO                    2-YES                    3-YES  
If you answered YES to question 2 and YES to question 3, you may need to be tested for COVID-19. Before you leave home, contact the SE District Health Dept. for further information and instructions.
- G.    1-NO                    2-NO                    3-YES  
If you answered NO to questions 1 and 2 and YES to question 3, call your primary care provider or for further care and assistance. If you have ongoing fever, cough, or respiratory symptoms and a negative flu test, strep test, or Chest X-ray, testing may be reasonable at this time, but you need further evaluation. BEFORE LEAVING YOUR HOME, contact the HEALTH DEPARTMENT for instructions on how to proceed.
- H.    1-YES                    2-YES                    3-YES  
If you answered YES to all 3 questions, you need to be tested. BEFORE LEAVING YOUR HOME, CALL the STATE OF GEORGIA HOTLINE (844)442-2681 for instructions on how to proceed with testing safely, so that you do not put others at risk!