

# VISTA EAP/Intentions Yoga

Cynthia N. Herzog, LCSW, CAP, ICADC, E-500 RYT, C-IAYT

## Patient COVID-19 Screening Survey

1. Has the client returned from travel to a non-U.S. country in the previous 14 days? **Yes** **No**
2. If yes, was it one of the countries listed below that have been identified by the CDC as high risk?  
**Yes** **No**

Austria	Iceland	Poland
Belgium	Iran	Portugal
China	Italy	San Marino
Czech Republic	Latvia	Slovakia
Denmark	Liechtenstein	Slovenia
Estonia	Lithuania	South Korea
Finland	Luxembourg	Spain
France	Malta	Sweden

3. Has the client returned from travel in NY, NJ, CT, or Louisiana in the previous 14 days? **Yes** **No**
4. Is the client currently experiencing any of the following flu-like symptoms: **Yes** **No**

If yes, which:

\_\_\_\_\_ Fever (100.4 or higher) \_\_\_\_\_ Chills \_\_\_\_\_ Muscle Aches \_\_\_\_\_ Runny nose \_\_\_\_\_  
Sore Throat \_\_\_\_\_ Cough \_\_\_\_\_ Shortness of breath \_\_\_\_\_ Nausea/Vomiting \_\_\_\_\_ Headache  
\_\_\_\_\_ Abdominal pain and/or diarrhea \_\_\_\_\_

5. Has the client been exposed to an individual with COVID-19 within the last 14 days? **Yes** **No**

**If the client responds yes to questions 2, 3, 4, or 5, the client needs to call and reschedule their appointment.**