

DOCTORS

MEDICAL CENTER

A COMMUNITY BUILT ON CARE

Doctors Medical Center COVID-19 Student Screening/ Attestation Form

Students, and onsite clinical instructors, must complete and submit this form to Jennifer Wright (Jennifer.Wright@tenethealth.com - 209-576-3789) **one-two weeks before the start of the clinical rotation.**

Student First Name: _____ Student Last Name: _____

Phone #: _____ Email Address: _____

School: _____ Clinical Instructor's Name: _____

Anticipated date you will start your clinical rotation: _____

Please answer the following questions:

1. Have you ever been exposed in the past 14 days to anyone who has tested positive for COVID-19?
 Yes No If yes, when were you last exposed? _____
2. Have you ever tested positive for COVID-19? Yes No
If so, when and where you tested? _____
3. Has anyone in your immediate household tested positive for COVID-19? Yes No
If so, when was the household member tested? _____
4. Are you currently on self-isolation from Public Health Dept. or other Agency? Yes No
If so, please explain _____
5. Do you have any of the following **NEW onset of** COVID-19 symptoms:
 - a. Cough Yes No
 - b. Shortness of breath Yes No
 - c. Sore throat Yes No
 - d. Fever (temperature ≥ 100.0) Yes No
 - e. Muscle Pain Yes No
 - f. Chills, including repeated shaking with chills
 Yes No
 - g. Headache Yes No
 - h. Loss of taste/ smell Yes No
 - i. Diarrhea Yes No
6. Have you traveled outside of California within the last 14 days?
If so, where did you travel? _____ What dates did you travel? _____

